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ORIGINAL COMMUNICATIONS.

DIET IN TUMOR AND CANCER.

By EPHRAIM CUTTER, M.D., LL.D.,
President American Branch Society of Science, Letters, and Art, London; Corresponding Member Belgian and Italian Microscopical Societies; Associate Member Philosophical Society of Great Britain, etc.;
AND
JOHN ASHBURTON CUTTER, M.D., B.Sc., F.S.Sc.,
Corresponding Member Gynæcological Society of Boston, etc.

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HISTORICAL.

IN the American Journal of Obstetrics for October, 1877, appeared an article by the senior writer, entitled "Food as a Medicine in Uterine Fibroids," in which an effort was made to show the power of food as a cause and cure of fibroid tumors. This subject was more fully explicated before the Section of General Medicine of the American Medical Association, 1890, in a joint paper: E. and J. A. Cutter, "On Trophopathy in the Fatty and Fibroid Degenerations;" also, again, in an article by the senior writer, "Food and Uterine Fibroids," before the Section of Gynæcology, Tenth International Medical Congress, Berlin.

In 1882, the senior writer wrote "Diet in Cancer," and laid the manuscript aside. In 1887, the son discovered it, made a copy, and sent it to the distinguished editor of the Albany Medical Annals, Dr. Lorenzo Hale, the article appearing in the July and August numbers of that year. The father said to the son, "You have done an awful thing, because when any one talks of curing cancer by any systemic means he is called a fool or a quack." But the reception of this paper by the profession was encouraging; it was noted editorially in the Medical Register, then edited by Dr. Shoemaker, and, by invitation of H. O. Marcy, M.D., LL.D., President of the Section of Gynæcology of the Ninth International Medical Congress, a *résumé* of the article was presented to this section.

It may be said, then, that the profession is ready and anxious to study the treatment of cancer by other means than the knife, and we are therefore constrained to present in this paper the histories of some of our cases of cancer and tumor that have been under our care and received diet treatment. One of two things is certain: (1) cancer has been cured by systemic treatment, or (2) all diagnoses of cancer are not correct. In either case there is hope for the sufferer.

A case writes: "One half the awful effect of cancer is in the mortal terror aroused by its name." But we leave these general considerations for the second portion of this essay, and proceed to the following:—

CASE HISTORIES.

CASE I. E. CUTTER, *Attendant. Tumor.*

A middle-aged, married lady, residing near Peterborough, N. H., was the patient of Dr. Cutler of that town. This gentleman, some years since, called my attention to this case as being a fibroid suitable for galvanism. According to his description (and he is an intelligent and careful observer), the growth was hard, large, and abdominal, and of several years' standing. There were severe and copious metrorrhagias, general malaise, exhaustion, and greatly reduced condition of general health.

It is possible, but not probable, that there might have been a mistake in the diagnosis, as

three-fourths of the cases of female abdominal chronic tumors are fibroids, and, when associated with hæmorrhages, a much larger proportion.

Arrangements were made with physicians and patient to visit Boston for the purpose of having galvanism applied, if deemed advisable, a month later. Meantime, in order to prepare for the operation, on the principle that it is useless to apply stimuli to an enfeebled system—to give the whip when the horse needs provender—the patient was put upon a diet largely of animal food.

The time of appointment came. The patient did not appear. This circumstance reported to Dr. Cutler produced a reply like the following: "Dear Doctor, Mrs. — tried the diet faithfully, and, when the time came to go to Boston as agreed, found her tumor diminished one-third in size, and she thought there was no need of an operation." The writer thought so, too; pleased to find that so good a result was obtained in the brief space of a few weeks. Remained well at last accounts.

CASE II. E. CUTTER, *Attendant. Tumor.*

In September, 1875, a case of multilobar fibro-myoid came under my charge. The patient was 44 years of age, single, in feeble health, an invalid for many years. She had no hæmorrhages, but was afflicted with constipation, abdominal pain, dyspepsia, and weakness. Menses were regular. In the right hypogastrium there was a large lobe, hard and smooth as a cobble stone. It was the seat of a great deal of pain night and day. Two or three lobes of the same density and roundness filled the pelvic cavity and crowded the uterus up behind the pubis. In this position it was strongly retroflexed and distorted. The growth so occupied the pelvis as to leave but little spare room for the viscera. Circumstances forbade the use of galvanism, and the strict diet was adopted, solely with a view to reduction of tumor. Being a woman of rare firmness of mind and resolute will, combined with implicit faith in her adviser, she adhered to it faithfully for the space of nine months. At this time the tumor became sensibly reduced in size in both the abdominal and pelvic portions. The pain was removed, flesh and strength improved, and altogether, for such an unpromising case, the result was more than could be reasonably hoped for. It was then decided, as circumstance favored, to apply galvanism, in the hope of yet further improvement. An application of fifteen minutes' duration was made; one electrode introduced through the abdomen and one through the rectum. Remarkable results of an unusual character followed, but as this portion of her history is foreign to the subject it will be given elsewhere.

The fact of the arrest and partial reduction of the fibroid by animal diet was proven sufficiently by this case.

(See, in connection with this case, Case xlvi, p. 304, A. M. J. Obs., April, 1887. Remarks: This case is now alive, and the tumors reduced to mere nodules.)

CASE III. E. CUTTER, *Attendant. Tumor.*

In December, 1875, Mrs. R., of Cambridge, Mass., was suddenly seized with an attack of alarming copious uterine hæmorrhage. It was subsequent upon overexertion. She was 48 years old; mother of four children; small in size, pale, thin, somewhat nervous; a hard worker withal—one of those remarkable specimens of industry that would be more remarkable if not so often found in New England homes. On physical examination, the abdomen was found to be occupied with several hardish lobes, somewhat painful to the touch. They were clustered about the lower part of the abdomen. There were also some suspicious lobes in the region of the liver. The vagina was found to be occupied by a large intra-uterine fibroid. The os uteri was dilated. The finger, annularly swept around the tumor, found a solid juncture between it and the uterus an inch or two within the os. The presenting surface of the fibroid was rotund, soft, spongy, and cribbed, with blind *cul-de-sacs* that appeared to be the points of exit for the hæmorrhage. The animal diet, with quinine and tonics, was heartily adopted. Subsequently, Dr. Morrill Wyman, of Cambridge, saw the patient in consultation, and decidedly advised against an application of galvanism, as the case had such a malignant look. A bad issue might bring the operation into disrepute.

It appeared to him more like a case of cancer than anything else. There was much to sustain this view in the systemic and local symptoms. The strict diet was continued. The result has been an arrest of development, of hæmorrhages; restoration of bloom and color of health to the cheeks. The whole general appearance had improved *pari passu* with the local benefits. The tumor has diminished, as

evinced by the condensation and hardness of the uterine portion, by the filling up of the *cul de-sacs*, and by lessened size. She attends to her duties in the household, likes her diet, and altogether enjoys better health than for many years. Her constipation is relieved by the use of St. Leon's spring-water, an experience confirmed by other cases. Her diet previously had been mainly starches and sugar. 1890, alive and quite well at last accounts.

CASE IV. E. CUTTER, *Attendant. Tumor.*

Mrs. M. E. C., aged 30 years; resides in Woburn, Mass.; four children; age of youngest child, 10 months. Always enjoyed good health. At the birth of her last child nothing was noticed out of the way with the uterus. The labor was natural and easy. January 1, 1877, she was seized with severe uterine hæmorrhages, which continued more or less up to April 1st—the date of my first visit. Found her condition one of suffering from loss of appetite, blood, color, flesh, and strength. She had been confined to her bed for sixteen days previously. Temperature of body ranged from 100° to 102°. Cough, night-sweats, no severe chills. No physical signs of trouble with the lungs. No abdominal tumor. Rectal tenesmus, general health very bad, and running down rapidly.

Examination per Vaginam.—Os uteri pushed up under pubis. Uterine cavity 3 inches deep. Direction normal. Behind and continuous with uterus, an obovoid, elastic, semi-solid, fixed mass was felt. When the sound was introduced into the uterus, it elevated the tumor by uplifting the womb. Per rectum, the tumor felt as large as the closed fist, and spongy.

Diagnosis.—Myo-fibroid, because of the hæmorrhages, of attachment to and incorporation with the uterine tissues, and also on the general principle that three-fourths, if not nine-tenths, of all tumors connected with the uterus are fibroid.

Treatment.—Strict diet, quinine, ale, and aromatic sulphuric-acid baths. The question of galvanism was discussed. It was thought that it had better be deferred for the present.

April 4th.—Much better. Eats animal food well. Uses the Cutter invalid chair with much relief. No hæmorrhages. Advised liquor ferri persulphatis, U. S. P., should hæmorrhage recur. She thought the quinine made her sweat at night. Last night it was discontinued, and no sweats occurred.

A vaginal and rectal examination confirmed the diagnosis. The tumor seemed smaller and less punky.

Advised the mixed diet to be used sparingly, as a side issue, when the strict diet was distasteful to the palate.

April 12th.—Visited her with the battery, prepared to use it. Found the patient sitting up and dressed. Now likes her meat very much, and lives on the strict diet. Has found the chair very useful indeed. On examination, the tumor was found to be diminished one-half size. It was more compact, movable, and pointed. Temperature, 99°. No medicine. Galvanism indefinitely postponed, as it was not needed.

April 25th.—No tumor felt on palpation or seen with the speculum. General appearance and health very much improved. Night-sweats gone. Appetite good. Up and about the house. Walked out to my carriage to speak with my wife.

Dr. W. S. Brown, of Stoneham, Mass., a skilled gynæcologist, and Dr. J. M. Moore, of Woburn, Mass., the family physician, with myself, examined the patient, and were unable to detect any tumor. General health restored. Remained so at last account, 1886.

1888.—Patient wrote from California about a pension on account of her husband, now dead. She emphasized that she was entirely well.

CASE V. E. CUTTER, *Attendant. Tumor.*

In August, 1875, Miss — was brought to my attention by Dr. J. M. Harlow, of Woburn, Mass., as possibly a fit subject for galvanism. She had suffered severely from hæmorrhages, menstrual and inter menstrual, so that she was blanched, thin, weak, and feeble, although she was able to be about the house. On examination, the abdomen was found to be occupied, from the umbilicus downward, by a central, round, dense, and unyielding tumor. It was not very movable. There was no wave on palpation, but dullness on percussion. The uterus could be felt in the vagina, and there was no evidence of any tumor in the pelvis.

From the weakened condition of the patient, it was advised not to have the operation of galvano-puncture at present, but to use the strict diet as a preliminary measure. It should be stated that her diet previously had been flour preparations mostly. The change was heartily and thoroughly adopted. It was soon

followed by marked improvement. The abdominal hæmorrhages ceased. The appetite and strength improved. The tumor began to diminish, so that in nine months' time from the adoption of the strict diet it could not be detected. A few months subsequently, however, by a careful examination, with all the clothing removed from abdomen in dorsal position, knees drawn up, a mere nodule of a little globar mass, the size of an English walnut, after some searching was discovered. Since then it has not increased. She enjoys good health, much better than for years. Pursues her occupation as clerk in an insurance office.

She adheres to the diet, and finds flour and its preparations very unpalatable and distressing, when forced by circumstances to partake of it. Rather than eat flour, she was known to have left a social church entertainment just before supper-time.

This case has been regarded as a mere coincidence; but, taken in connection with the others, and the known marked improvement that almost invariably follows the adoption of the strict diet, that view is improbable. 1891, patient living, in good health, and no return of growths.

CASE VI. E. CUTTER, *Attendant. Tumor.*

Mrs. B., aged 34; married; no children. Father and mother died of consumption. She herself, in 1864, was pronounced by Dr. H. I. Bowditch, of Boston, to have the same disease dangerously. Still, as she came of a family that was very tenacious of life, and was of an indomitable will, she managed to live passably for most of the time on ordinary treatment. In 1872, she discovered that there was an enlargement at the lower part of the abdomen. Her physician examined and pronounced it to be due to fibroid uterine growths, that would destroy her life. In January, 1874, she came under the care of the writer, and was put on the systemic plan for consumption. In October, 1874, she became pregnant, and as the uterus developed the tumor became more manifest, and its presence was discovered by the writer, as the patient had, from motives of false delicacy, concealed its existence. It appeared as a chain of six tumors traversing the abdomen from side to side. The skin was very thin, and the physical characters of the tumors quite prominent. The largest tumor was of the size of a goose-egg. They were moderately hard, movable, painless, and attached to the anterior surface of the enlarged uterus. They occasioned no trouble but from the anxiety caused by their presence. In due time a healthy, vigorous child was born, who continues so up to the present time. In two months after the birth of the child the tumors entirely disappeared, and never recurred. The mother had a plentiful lacteal secretion, and considered herself well enough to assume household and church-fair duties, against the advice of the writer and others. They killed her. This is not a hard expression; for there is no doubt, from experience derived from other cases, that, had she obeyed the instructions as to exertion and duty, she might be alive, humanly speaking.

Although the dissidence of the tumors was an incidental effect, still, as the strict diet is that employed for this purpose as well as for tuberculosis, the history illustrates the value of food as a medicine in the treatment of uterine fibroids.

CASE VII. E. CUTTER, *Attendant. Tumor.*

Mrs. Dr. W., aged about 34 years, is a healthy looking woman, of good proportion, fair size, and blonde complexion. When seen, in December, 1876, she complained of great distension of the abdomen, caused by a large tumor, which had existed seven years, and had continuously gone on without any relief from advice or treatment. For the first few years she suffered much from a pain in the bowels. Now there is none. No children; though eight years married. Her general health was good, but she suffered much from the discomfort and anxiety about the abnormal enlargement of her person. On examination the abdomen was found occupied by a large, multilobar, hard, movable tumor. There was at this time no fluctuation. In the pelvis it presented the same characteristics, while it pushed the vaginal wall downward so that there was a prolapsus. The uterus could not be felt in any posture of the body. Bowels constipated. Menses painful and scanty. Diagnosis, fibroid. This was the opinion of most of the physicians who examined her, including her husband, Dr. Gilman Kimball, of Lowell, and Dr. Brown, of Stoneham, Mass., except D. H. Storer, LL.D., of Boston, who diagnosed an ovarian cyst many years before.

December 6, 1876, Mrs. W. went upon the strict diet as a remedy. December 20th, reports abdomen diminished one and a half

inches. Matters have much changed as to physical signs. Some medium-sized lobes of a semi-hard character were felt in the abdomen. On the right side there is a large fluctuating cyst extending from the cartilages of the ribs to beyond the pelvis and into the prolapsed portion of the posterior vaginal wall. Bimanual examination detected a distinct wave and fluctuation from vagina to epigastrium.

This seemed inexplicable, and her husband was not convinced of there being any cyst. Still, it is history as I found it. She says the painful distension is lessened. Complains of frequent micturition and bearing down. She dislikes her diet, yet adheres faithfully to it. Takes no other medicines. Uterus not felt.

December 28th.—Has lessened two and one-half inches in size. Continues diet. Appetite good. Examined in the standing posture, the uterus can be easily felt. It was found pushed up beyond the pubis. This was the first time the uterus could be detected in my examinations during the progress of the case.

May 5th.—Diminished six and one-half inches.

May 13th.—Is down to natural size. When last unwell, had a painless menstruation. Abdomen tympanitic throughout, except over the hypogastrium, where a movable, solid mass is felt in any position of the body. Motion communicated to uterus affects the abdominal tumor.

Latest examination finds a still further diminution. Tumor just perceptible in the centre over the pubis.

For the first two weeks of diet treatment she began to grow smaller. Softening followed, and in about five weeks there was a sudden collapse in size.

Notwithstanding the obscurity of some of the symptoms and the doubtful nature of the diagnosis, that might have been cleared up somewhat by the aspirator, the case is instructive when taken in connection with the others. There was a decided, marked, and an incontrovertible change for the better. Menstruation has become painless and natural. The distress and trouble have passed away. The abdomen is no longer enlarged. The patient may practically be considered as restored to health.

Suppose the case was a fibro-cyst combined with ovarian tumor (which no one could positively tell unless gastrotomy were performed), it in no way diminished the value of the history. The facts are as above stated. The report is historical to the latest sources of information.

May, 1890, her husband, a physician, writes that she is well.

The foregoing are quoted somewhat in full from the American Journal of Obstetrics for October, 1877, with histories to date as far as possible.

The following are histories of some of our cases of tumor treated since then:—

CASE VIII. E. CUTTER, *Attendant.*

1882. Mr. —, aged 60. Fibroid of stomach, with enlarged liver. After hard work, and by nourishment per rectum, the patient's condition was so improved that he could take food by the mouth. He was cured, and remains so, April, 1890.

CASE IX. E. CUTTER, *Attendant.*

Woman. Unmarried. Forty years old. August, 1883. Tumor as large as an orange at fundus uteri. Anteflexion and anteversion. Double inguinal hernia. A tough case. Dieted for tumor. Wore double truss for hernia, made by C. E. Riker, of New York.; also wore Cutter stem-pessary. Result, tumor gone. Calls herself well, April, 1890; July, 1891.

CASE X. E. and J. A. CUTTER, *Attendants.*

Woman; unmarried. Brazilian. 1886. Immense uterine fibroid. Kept in abeyance by strict diet, so that she attended to her literary work.

CASE XI. E. and J. A. CUTTER, *Attendants.*

May, 1889. Young man, aged 18. Blood tuberculous and syphilitic. Large tumor at left side of neck, six inches long, extending from the trapezius muscle to in front of sterno-cleido-mastoid. Imbedded in the tissues of these muscles, as evinced later on. Weight, 125. Rigid diet. Biniodine of mercury; succus alterans. Salicin as needed. Londonderry lithia water locally till the tumor began to degenerate in an amyloid fashion; openings and discharge. By December, 1889, tumor had nearly gone, and sores nearly all healed. Weight, 160. This case, like many others, shows that beef is not a poison.

1890. Well. This case was exhibited before the Gynæcological Society of Boston, in June, 1890; a gentleman remarked that he had seen a similar case operated on by incision and removal; procedure was very bloody, and the case died in a year of consumption of the lungs.

CASE XII. E. CUTTER, *Attendant.*

Woman, aged 40; unmarried. October, 1883. Tumor, Douglas's *cul-de-sac*, two inches in diameter. Kept in abeyance by diet, and if she would allow herself to rest would get rid of it. April, 1890.

CASE XIII. E. and J. A. CUTTER, *Attendants.* *Pseudo Cancer of Breast.*

A married woman, aged 40, came to us in 1889 with what her physician called cancer of the breast. There was present a nodule in the right breast, 1½ inches in diameter; very painful. Further examination revealed the case to be suffering from uterine disease, and our opinion was that the disease was a fibroid of the breast, the pain being due to reflex causes. The tumor has entirely disappeared under diet.

CASE XIV. Middle-aged woman. Called cancer of breast by a dozen specialists. Had been placed on milk diet, which had done her some good. This case had uterine lesion of hyperæsthesia and displacement. Woman much relieved by diagnosis,—fibroid of breast. Do not know what outcome of her case was.

CASE XV. *Cancer; Diet of Bread and Milk; Cure.*

In the memoir of the late Dr. Amos Twitchell, of Keene, N. H., by Dr. H. I. Bowditch, Boston, 1851, we find the following account of his case:—

"1. Cancer had appeared in his family. His grandmother died of cancer of the breast; his sister died of that of the stomach. These are all the data of his hereditary tendencies that bear upon our main topic.

"2. In very early life Dr. Twitchell was in delicate health. As a youth he was stronger, and was among the foremost in all athletic sports. While at college he became dyspeptic, had jaundice, etc., and subsequently he passed gall-stones. Whilst pursuing the studies of his profession, he began to suffer from asthma, and for about twenty years was very much subject to violent attacks of it, causing him during the winter to sit up in bed half of every night. During all this period he ate animal food freely, three times a day, and digested it with ease, whereas vegetable food caused dyspeptic difficulties. Being induced, owing to a severe eruption of the face, to abandon this course, he gave up, for nine years, the use of meat. After some months his face was cured; and from the period at which he first abandoned meat he never had an attack of asthma, and Dr. Twitchell considered these two facts related to each other as cause and effect. Moreover, vegetable food was soon easily borne. After the nine years of vegetable regimen, he began gradually to resume the milder kinds of animal food, such as poultry and somewhat more of the solid meats, until two years since (1847), when he commenced the very rigid diet to be described when treating of the local disease which is the more immediate object of this paper. Finally, I will state, as indicative perhaps of the tendencies of the cutaneous system to morbid action, that about four years ago he had a papular eruption lasting six weeks, and likewise that very many years ago he had a wart-like tumor on the scalp, which disappeared under the use of creasote externally applied.

"3. The local disease, the course and result of which I present as the chief object of interest, commenced eight or ten years since as a small but hard tumor at the internal angle of the right eye. When first noticed, it was about as large as a mustard-seed, and not painful. He occasionally touched it, and had some suspicion that it might eventually prove of a malignant character. It was imbedded in the substance of the skin, and from the first seemed very slowly to augment in size. At times he thought he felt some lancinating pains in it which radiated to the brow. It did not, however, interfere with the functions of the lachrymal ducts, etc. About 1843 the tumor had become nearly as large as a pea, and a tendency to the formation of a scab was observed. He was then induced to try some local applications, and frequently, until 1845, used Jenning's ointment. This would remove the scab and display three small lobes, from which exuded a little purulent fluid. At first the morbid growth seemed lessened by this and other milder applications, but no permanent effect was produced. At times the discharge ceased, but only to return again, and the tumor gradually lost its trilobed aspect. It was at this period quite conspicuous to every bystander.

"*August, 1845.*—Dr. George Hayward, of Boston, removed it with the scalpel. For a short time the wound seemed doing well, but finally it did not heal, and two months afterward it was operated on again, and nitrate of silver was applied. Meanwhile, however,

much local pain had been experienced. It was deeper seated, less transitory, and radiated toward the brow and cheek. Sometimes it was severe enough to waken him at night, and worse usually after long journeys.

"The applications during 1846–47 were chiefly of a very similar character,—cold cream, preparations of zinc, etc., and once the iodide of lead. All active applications caused inflammation of the eye. The tumor continued to augment slightly, and in the spring of 1847 it presented to my eye a decidedly malignant appearance. It was an ulcer about the size of the top of the finger, with ragged, hard, elevated edges; and the irritation from discharge caused the patient frequently to apply his handkerchief to the part. At night it caused a gluing of the lids and a discharge at the side of the nose. I certainly believed, and Dr. Twitchell tells me that he thought, at the time, that the disease would gradually augment and involve the eye, and he had determined, if necessary, to have this organ extirpated. His general health, as it has been already stated, continued good; but, when not actively employed, the mind was somewhat depressed at the prospect before him. At the meeting of the American Medical Association, in Philadelphia, May, 1847, he consulted several of the eminent men whom he met, and I believe, I may say, that all regarded it as a disease of a more serious nature, although some thought it might be cured by local applications, and others advised a further operation.

"Dr. Twitchell returned home discouraged, and he decided to give up all use of medicines internally, or of external applications, but to try a course of the most rigid diet. Starting from a theory that malignant diseases arise from the fact that we take too much carbon into our systems, he determined to live from that time upon a bread and milk diet; and if, at the end of some months, he did not find any diminution in the disease, he intended to use nothing but bread and water. After his return from Philadelphia he adhered strictly to the bread and milk. He used three times daily from four to six ounces of cream, or the richest milk, and same quantity of either white or brown bread. He continues that diet still (1849).

"The results upon the local disease were the following: The pains in the part were lessened almost immediately. The purulent discharge very soon began to diminish, and in two or three months it was evident that the disease was not augmenting. During the following winter the improvement was more decided. In the spring of 1848, being obliged to ride over dusty roads to great distances, the eye was more irritated. Nevertheless, he felt, and his friends assured him, that the diseased part was really lessening and tending toward a cure. After that period a steady improvement took place. The ulcerated mass, which was so perceptible to me two years since, has wholly gone, and now (August, 1849) I can discover no difference between the angles of the two eyes, save that in the right one there is a minute white spot, about a line in diameter, looking like a scar. It is not harder than the adjacent parts; and had I not known of the existence of previous disease, I should not have noticed even this. There is no discharge, no pain, and a perfect cure seems to have been accomplished of a disease that had been existing for about ten years, in a patient aged 68 years.

"The effects of this rigid diet on the constitution, as a whole, are interesting.

"Respecting his mental condition, Dr. Twitchell thinks he is much less irritable than when he was omnivorous.

"He had, at one time, an attack of vertigo (to which, however, he has been always liable), and, finding that he was growing corpulent under the diet, he for a time took less of it.

"He has always been as strong as when indulging in a more generous diet.

"He has been able to breathe better.

"His digestion has been good, but with a slight tendency to costiveness.

"His organs of circulation have been unaffected.

"Renal excretion for years a little disturbed, as is not unfrequently the case in persons of his age.

"Finally, Dr. Twitchell presents, to my mind, the picture of a hale, robust man, in perfect health, so far as one can perceive, and but slightly touched by the influence of his many years of honorable and successful labor.

"Reflections upon Dr. Twitchell's case:—

"1. The most important topic involved in the foregoing record is the restoration to health from what seemed to be malignant disease, and that this result followed the strict diet of bread and milk for two years.

"2. The cessation of asthmatic difficulties, after they had troubled the patient for twenty years, and that this cure likewise followed the change of diet from an almost strictly animal diet to one quite the reverse, viz., strictly vegetable." [Is milk vegetable food?]

"3. Some readers may ask if these two cures (see following case) are not merely examples of the *post hoc*, and they may deny that there is any complete evidence of the *propter hoc*. I consent to the doubt, for it has entered my own mind. Nevertheless, if mere coincidences, they are pregnant with important suggestions. I confess that, in my own practice, I have never met any cases so significant of the power which diet, simply and heroically used, has to reorganize a man.

"4. Dr. Twitchell's case becomes interesting as an evidence of the power of a man to subject his body to strict rule. In this epicurean age it is quite refreshing to find one who 'eats to live, and does not live to eat.' A worthy professional brother of this city said, when the case was related to him: 'It might certainly be a question whether life were desirable under such a regimen.' I honor a hero wherever I find him; and the heroism of Dr. Twitchell in undertaking and pursuing this course, merely in consequence of a theory, excites in me the greatest delight. In this skeptical, unbelieving era, I delight to see any one having faith. Whether the theory was correct or not, it matters little; the fixed will of its follower arouses my enthusiasm; and this brings me to another topic of interest.

"5. The theory which governed Dr. Twitchell—was it correct? I confess that I am unable to solve the question; I merely suggest it. Some, whom I consider as our ablest chemists, think it was by the process of starvation, as described by Liebig, that the cure was wrought. It seems to me that this cannot be the true explanation, for Dr. Twitchell has always been stout; and it will be remembered that at one time he actually gained flesh under the diet."

CASE XVI. *Cancer; Diet of Bread; Infusion of "Water-Dock"; Cure.*

"Dr. W. H. Thayer, in a letter to me, says:—

"'I have obtained from Dr. Twitchell all the particulars of the case of treatment of osteosarcoma which he could give me; and, as his memory is so accurate, I suppose he has not forgotten anything of importance connected with it. You know the doctor never takes notes.

"'A man about 40 years of age consulted Dr. Twitchell in relation to a tumor on his scapula, as large as a pint bowl. It was evidently osteosarcoma, had its usual crackling feel, and resembled very closely one in the same position which Dr. Twitchell had seen a short time previously, and for which he had removed the whole upper extremity, even scapula and clavicle. In that case the wound healed, but the man died a year or two afterward with carcinoma of some internal organ. When the second case applied for advice, Dr. Twitchell declined an operation, and the man returned home to Vermont. Soon afterward he heard of somebody in New York who could cure him, and, applying to this person for advice, received the following:—

"'He was to take from the brook which ran through his native farm a plant which grew there (the adviser did not say what it would be), and use a weak infusion of it for his only drink every day until the tumor had disappeared. His diet, besides this, was to consist of bread alone. This advice was strictly followed; the plant he used was "water-dock." Dr. Twitchell happened to see the man two years afterward, when he was still following this course. He found the tumor had nearly disappeared, there being apparently only a trifling thickening of the skin.'

"These two histories must be deeply interesting to all. Presenting, as they do, the evidence of the powerful influences of diet upon the well-being of man, they are of great importance. I should not wish, however, to make the inference which some may be disposed to draw, that they prove the propriety of an almost strictly vegetable diet for all. They simply suggest that a long-continued mild and spare diet may cure when other remedies are of no avail. I am likewise well aware that, under the modern revelations given by the microscope in regard to the nature of tumors, some may doubt as to the malignant character of Dr. Twitchell's disease. Whether it be malignant or not, I am satisfied of the truth of of the following proposition. Dr. Twitchell had a disease thought to be of a malignant character by the most eminent of the profession, one of whom had once extirpated it; it

had continued to augment for eight years, in spite of local treatment; and, finally, under a strict diet it began to lessen in severity, and, after a gradual improvement for a year, was wholly cured."

Dr. Bowditch writes that his practice has not embraced like experiences. Ours has. We have met with like fortitude and heroism in diet, and cannot call this age entirely epicurean.

It should be said in passing that the following cases were treated with the intention to combat the disease on grounds to be stated further on:—

CASE XVII. E. CUTTER, *Attendant. Cancer of Calvarium; not treated by these plans; Death.*

Near Boston resides a middle-aged widow, several members of whose family died of cancer. One of them was a maternal uncle whom the writer attended in his last sickness, and made the autopsy. White, hard, distinct, globar collections of heterologous growths were found in the substance of the walls of the left ventricle of the heart, of the parenchyma of the liver, and of the top of the skull. Before death he used to say that he had horns growing out of his head. Spheroidal protuberances were found in the hair just above the forehead, one on each side, and one or two more back of them. At first they were thought to be atheromatous tumors, but their fixedness and rigid immobility, while the scalp moved over them, dissipated this idea. They certainly appeared, as the man said, like the budding horns of a calf. A careful dissection after death showed the growths to be white, shiny, hard, spherical tumors (scirrhus), three-fourths of an inch in diameter, resting on the dura mater. After scooping them out, there appeared well-defined, circular, clean-cut holes, passing through the outer table, the intertabular substance and the inner table of the cranium, as if they had been cut with a trephine.

CASE XVIII. E. CUTTER, *Attendant. Cancer of Womb; Diet of Animal Food, Tea and Coffee; Cure.*

Mrs. B., the niece of this case, had been separated for nine years from her husband by her parents, as he was an idler and would not support his family. His wife loved him, and this forced parting greatly depressed her mind. Besides, she had retroversion of the uterus. The posterior insertion of the vagina on to the uterus was the highest up of any case known to the writer, to wit, at or near the fundus. In 1876, Mrs. B. was worse. She was laboring under great mental depression from hearing that her husband was a great sufferer in Colorado. On vaginal examination, several hard, round tumors, somewhat matted together, were found behind the uterus. Similar, but smaller, growths were found in the enlarged cervix uteri. There were some unhealthy vaginal discharges, but they were not bloody. There was some pain, but not excruciating. The countenance had a cachectic look. There was great nervous prostration. Little emaciation. The Cutter retroversion pessary, which she had worn, could not be borne. Her treatment consisted of gentle laxatives, of tonics, as iron and quinine, and of a food of carefully-selected beefsteak varied with other animal food. Vegetable food was excluded, save tea and coffee. This course she faithfully carried out, over six months after her husband's death, with these results: The suspicious growths disappeared; she was able to wear her retroversion pessary, and at the present time she is living in the enjoyment of her usual health, with no re-appearance of the growths.

I am quite ready to have a doubt thrown on my diagnosis, because of the recovery, and I will not say I could not be mistaken; but had the lady died, no one would have doubted. Perhaps our nosologies are at fault. Perhaps, also, my medical education is at fault; but if an average medical student faithfully avails himself of a four years' pupilage in regularly chartered medical colleges, it is a hard case indeed for his instructors if they could not teach him how to diagnosticate a case of cancer of the womb.

CASE XIX. E. CUTTER, *Attendant. Cancer of Womb; Diet of Animal Food; Opium Stopped; Iodoform Locally; Tonics and Sponge Baths of Ammonia; Great Improvement. Discontinuance of Treatment; Opium Resumed; Death.*

Mrs. F., aged about 50 years, resided in Louisiana. In the summer she applied to me for what had been diagnosticated as "cancer of the uterus" by her local physician and by an eminent medical authority living in New Orleans. Neither gave her hope from any

treatment, and she was taking opium for the relief of her pains. Physique good, though there were bloody vaginal discharges, attended with pains more or less severe. Intervals of no pain sometimes occurred. Appetite good. Found the uterine cavity normal in depth, but dense. The cervix was enlarged laterally even to the side of the pelvis; ragged, rough, dog-bitten, and bleeding; not stony in feel, but rather punky to the touch. Just before this trouble came, one year previous, she was a subject of intense and unrelievable domestic mental difficulty on account of the actions of a relative, which shattered her nerves and made her almost distracted.

She was put on an exclusive animal-food diet, varying from one article to another, as directed, one after the other, but eating mostly beef unchopped. Twice or thrice weekly the cervix uteri was literally buried in powdered iodoform, which was retained by absorbent cotton in the vagina. Some simple tonics, sponge baths of ammonia, visiting in different New England health resorts, and quinine and iron were prescribed. The use of opium was stopped. The effect of the treatment was like magic. The pains, the bloody flow, and the discharges ceased at once. The cervix showed less redness, thickening, and angriness of look. In the course of three months the ulcerative appearances had nearly disappeared. She thought herself cured enough to return home and to manage her case herself. Certainly the situation, so far as signs, symptoms, and feeling were concerned, coincided with her opinion, but not with mine. Against my best judgment she left. She was most strictly enjoined to continue baths and diet and have her physician apply the iodoform if there was any re-appearance of the disease. But these instructions were disregarded, and soon after her return home she grew worse, resumed the opiates for the annulling of pain, and after nine months died of cancer of the uterus.

Had this case recovered, I suppose it would have upset the diagnosis in the minds of some. Still, it is valuable, by showing what diet, with judicious treatment, can do in the arrest of the progress of a well-authenticated case.

It shows, also, the necessity of keeping one's hold of a patient till thoroughly cured. Those who advocate "evolution of savages by degredation" can find many arguments for their position in the facts of the practice of medicine. It is easier for medical cases to run to "devolution" than to "evolution."

(To be continued.)

*DRAINAGE OF THE UTERUS AS AN ALTERNATIVE FOR THE REMOVAL OF THE UTERINE APPENDAGES.**

By E. E. MONTGOMERY, M.D.,
PHILADELPHIA,
Professor of Gynæcology in Medico-Chirurgical College; Obstetrician to the Philadelphia Hospital, etc.

THE developments of abdominal surgery in the past twenty-five years have been very marked, and have greatly revolutionized the ideas of specialists as to the causes of many diseased conditions and the pathological changes taking place. In no other class of disease has its influence been more marked than in those known as inflammatory diseases of the peri-uterine tissues,—diseased conditions formerly known as pelvic peritonitis or peri-metritis, and pelvic cellulitis or parametritis. It is true that the pathology of these conditions was clearly foreshadowed and described in the classical work of Burnutz and Goupil, but it is only since the truth of their assertions and investigations have been verified by the investigations of abdominal surgeons upon the living subject that they have had much influence upon the profession.

Such inflammatory conditions were formerly attributed to the entrance of septic material, or the extension of inflammatory disease in the lymphatics and blood-vessels to the cellular tissues of the pelvis. The influence of primary disease of the tubes in such a condition or extension of such disease from the uterine mucous membrane to that of the tubes was not recognized. The extension of operative procedures from the simple removal of ovarian cysts and fibroid growths of the uterus, to the removal of the ovaries and tubes for diseased conditions attributed to them, or to pathological changes demonstrated by physical examination before operation, has led to marked changes of views as to the pathology and significance of many pelvic symptoms. The constant association of tubal disease with the condition known as cellulitis led to more careful study as to their true relation. It did not take long to impress the careful investigator

* Read before the Delaware State Medical Society, Georgetown, Delaware, June 9, 1890.

with the fact that cellulitis, in such cases, was simply due to the extension of the inflammation to the contiguous tissues from the primary tubal trouble, and the more extensive the disease of the tube the more widely extended would be the cellular or peritoneal inflammation. In many cases the first lighting up of the disorder could be readily recognized and associated with an acute inflammatory attack in the tube. The careful study of specific and septic inflammations of the uterine mucosa, and of their extension to the tube on either side, and the subsequent development of cellular inflammation, demonstrated thoroughly its true significance. It is now recognized that pelvic cellulitis as a separate diseased condition, independent of the tube, is unknown. The usual history of such development is, that an inflammatory condition does exist in the uterine canal for a greater or shorter length of time before the tubes become involved. In ordinary endometritis the patient may have a number of attacks of acute or subacute character before this. Secondary inflammation usually takes place as a result of inflammation in the uterine mucosa; it becomes thickened; its surface abraded of its epithelium, and increased discharge occurs from its glands, with increased difficulty in its escape from the cavity of the uterus, owing to the swollen condition of the mucous membrane; consequently the uterus goes into contraction, or a form of labor, in order to rid itself of this increased viscid secretion.

If the cervical mucous membrane is sufficiently swollen to practically occlude the canal, we may find that the secretion has regurgitated into the tubes on either side, developing here an inflammatory condition, leading also to increased secretion, interference with the circulation, to enlargement and thickening of the walls, and to infiltration of the surrounding tissues, arresting or destroying the peristaltic action of these organs. This is a mild form of salpingitis, which, however, may give rise to marked distress and discomfort to the patient, associated with pain of a spasmodic or intermittent character, occurring at times for a long period, at others at intervals, but most usually greatest immediately following the menstrual period. Now, if in such a case there has been opportunity for septic infection by careless examination of the patient, by the use of instruments without proper disinfection of the vaginal or uterine canal, or contact with specific virus, we may have the trouble in the tube passing from simple inflammatory condition to one of a more acute character, resulting possibly in the gluing up of the abdominal end, or obstruction by swelling of the mucous membrane of the tubal end, when the tube is then changed from a canal communicating with the uterus and abdominal cavity, to a closed sac in which the mucous lining is stimulated to increased secretion by the presence of the accumulations which no longer have free egress, and we have developing a condition known as hydrosalpinx. When it contains simply the fluid, or where the blood-vessels have become so varicose as to rupture and permit the escape of blood into this cavity, which may remain in a fluid state, or, where a large quantity is poured out, may form a coagulum, the condition is known as hæmatosalpinx.

In these latter conditions, not unfrequently, the sac becomes so distended that it permits leakage into the peritoneal cavity, giving rise to pelvic peritonitis. In such cases we may have very extensive adhesions, all the tissues in the pelvis being glued together, so that when an opening is made into the abdominal cavity it is difficult to outline or determine a definite landmark from which to proceed to enucleate the organs which one aims to remove.

The wisdom of operating for the removal of organs in such condition as just described cannot be questioned, but it is exceedingly important to be able to draw the line of demarkation between the cases in which it is absolutely necessary that operation shall be resorted to and those in which other and more conservative measures may be practiced. It should be the rule of every surgeon to sacrifice organs only when the means of restoration to their functional usefulness are no longer practicable. In cases in which the tubes have been completely glued by inflammatory exudations, forming a shut sac, containing either pus or a large quantity of fluid, the chance for such restoration has passed by. But there is a large class of cases in which symptoms of distress are marked, in which the patient has symptoms of thickening of the Fallopian tubes and of similar inflammation of the tissues about them, in which pain, following menstruation or during its intervals, is a marked symptom, in which a burning sensation in the lateral pelvic region is constant; an operation

for the sacrifice of these organs would be entirely unjustifiable.

It is this class of cases to which I wish to direct your attention to-day, and advocate for their treatment a plan of procedure by which the uterine cavity may be thoroughly drained, and the extension of inflammation to the tubes be relieved.

In every case of endometritis in which the uterine walls have become thickened, the uterine mucous membrane swollen and abraded of its epithelium, the mucous follicles stimulated to increased discharge, the thorough drainage of the cavity is as absolutely indicated as would be drainage in any other sinus. The ordinary plan of treatment of such patients is to subject the individual to frequent applications of medicaments through the medium of a cotton-wrapped probe or a small pipette, by which a few drops of the agent are introduced. The applications by means of the probe are exceedingly ineffective, as the greater portion of the fluid is squeezed out as it passes the cervical canal, and the upper portion of the uterine canal is only subjected to the irritation of being impinged against by the probe. If proper measures have not been used to disinfect the canal, this procedure increases the danger of septic infection extending to the tubes. The introduction of fluids by the use of the pipette, unless the cervical canal is well dilated, to permit of the escape of the fluid with that of the increased secretion produced by it, will lead in many cases to a violent attack of uterine colic, which will render it difficult to persuade the patient to submit to a recurrence of this mode of treatment. The plan of treatment must necessarily be kept up for a number of months, leading to a loss of time and money on the part of the patient and to doubt and dissatisfaction on the part of the operator. Now, such patients are very amenable to treatment. The unsatisfactory results of such treatment, the frequent recurrence of tubal trouble of severe character in women who have been subjected for a number of months, or even years, to local treatment, have led some to go to the extreme of denying the efficacy or wisdom of such a course for diseased conditions of the uterus, and to urge that, in all cases in which the tubes are the seat of disease, these organs, with the ovaries, should be sacrificed. That such methods of treatment are in many cases, where injudiciously practiced, causes of aggravation, rather than amelioration, of the distressing symptoms, cannot be denied; but there is no more reason why local treatment, under properly-exercised precautions, should lead to septic trouble, than that abdominal operations for the removal of pus-sacs or inflammatory exudations should be followed by increased trouble.

The proper plan of procedure in such cases is to place the patient in bed; subject her to as rigorous preparation as would be done if an abdominal operation were contemplated; thoroughly disinfect the vagina by frequent antiseptic irrigations; place the patient under the influence of an anæsthetic; dilate the uterus by means of graduated bougies, up to the point, if necessary, that the finger may be introduced into the fundus of the organ; and, where the inflammation has existed for a length of time, the use of the sharp curette over the entire surface of the cavity of the uterus, devoting attention particularly to the angles of the fundus near the orifices of the Fallopian tubes; then carefully wash out the uterus by means of a return catheter with a 1 to 3000 or 4000 sublimate solution, or the 1 to 3 or 4 of peroxide of hydrogen. In this way we make sure that any pathological germs that may have been introduced into the cavity of the uterus before will have been robbed of their injurious and dangerous character, and the cavity rendered sterile. An application may then be made of a mixture, preferably of 1 part of carbolic acid to 2 parts of tincture of iodine, and a hard-rubber drainage-tube, suitably curved, and with notched sides to insure thorough and efficient drainage, inserted. To prevent extrusion until the uterus becomes accustomed to its presence, a suitable gauze tampon may be introduced into the cavity of the vagina. This drain should be worn three or four weeks; in that time, in the majority of cases, the mucous membrane will become reduced in thickness so that the canal will subsequently remain open. This plan of treatment insures the effective drainage of the cavity, abrogates the possibility of subsequent regurgitation into the tubes, establishing a channel through which discharges may escape from these organs; when patulous, and by its irritation upon the walls increases the activity of the circulation in the uterus itself, promotes the absorption of exudations, and the completion of the process of involution where the organ has been subinvoluted. This

is a plan of treatment that I have practiced with very satisfactory results for some length of time, and by it I have been able to relieve and cure cases, otherwise thought suitable for abdominal operation. By this procedure more can be accomplished in four weeks than by ordinary methods of treatment in as many months. It is better, in following out this treatment, that the patient should be confined to bed for a week or more, until involution of the uterus has been accomplished, as by so doing the probability of inflammatory changes taking place will be greatly reduced.

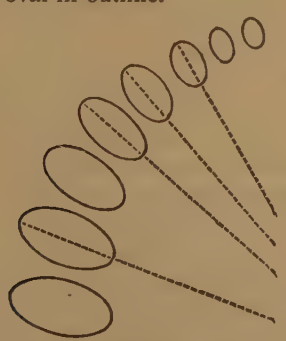
The dilatation or divulsion of the uterus has been practiced with graduated bougies in preference to the ordinary parallel-bar dilators, for the reason that these instruments dilate the uterus in all directions, acting equally upon every part of the cervical canal, while the dilators act laterally, making pressure upon the lateral walls, increasing the danger of tearing and the formation of superficial sloughs from the bruising of the tissues.

SOME ORIGINAL OBSERVATIONS ON THE ANGLES OF THE TOOTH-SOCKETS.

By HENRY C. BOENNING, M.D.,

Lecturer on Anatomy and Surgery in the Philadelphia School of Anatomy; Demonstrator of Anatomy at the Medico-Chirurgical and Philadelphia Dental Colleges, etc.

FIVE years ago my attention was directed to the position of the tooth-sockets in different skulls, and, in a large series of observations and studies since then, I discovered some curious facts, as yet unpublished to the profession. If a section is made through the alveolar process of the lower jaw just below the free borders of the sockets a transverse section of the sixteen tooth-sockets will be shown; each of these is oval in outline.



A study of the diameters of these ovals is very interesting. Thus, the long diameter continued inward will intersect a median antero-posterior line through the base of the skull at a series of increasing angles, acute in the anterior teeth, but approximating a right angle in the sockets for the molars. I have called the angle thus formed the angle of the socket. That this may be entirely clear, the following selected table of results is printed in full. I would like to state that the examinations were made after a uniform manner. The section of the alveolar process was first made, it was then photographed and the long diameters carefully drawn and estimated:—

No.	Color.	Canine.	First Bicuspid.	Second Bicuspid.	Second Molar.
		Degrees.	Degrees.	Degrees.	Degrees.
1	White M.	40	48	60	80
2	White M.	35	45	58	85
3	White M.	38	42	60	80
4	White M.	45	45	70	85
5	Black F.	35	40	48	70
6	Black M.	38	40	55	70
7	White M.	45	50	65	85
8	White F.	42	55	48	90
9	White M.	38	45	60	90
10	White M.	40	48	62	70
11	White M.	40	40	55	68
12	White M.	No socket	No socket	No socket	90
13	White M.	45	60	70	85
14	White M.	30	40	45	60
15	Black M.	35	45	58	70
16	White F.	30	38	55	70
17	White M.	40	50	60	90
18	White M.	42	50	70	85
19	White F.	40	60	75	70
20	Black F.	35	40	55	70
21	Black M.	38	45	60	68
22	White M.	40	50	70	82
23	White M.	35	40	48	65
24	White M.	35	38	55	72
25	White M.	38	45	70	80
26	White M.	42	48	65	68
27	White F.	40	45	58	80
28	White M.	35	50	60	90
29	White M.	30	35	48	60
30	White M.	42	55	65	72
31	White F.	38	45	60	70
32	White M.	35	40	No socket	No socket
33	White F.	38	48	62	75
34	White M.	40	45	58	85
35	White M.	40	50	70	78
36	Black M.	35	42	65	75
37	White M.	45	50	75	82
38	White M.	40	50	65	85
39	White M.	35	38	50	70
40	Black F.	30	40	48	60
41	White M.	32	45	58	65
42	White F.	40	50	70	85
43	White M.	45	52	72	80
44	White M.	40	48	55	80
45	Black M.	35	40	48	75
46	White M.	38	45	60	72
47	White M.	30	42	65	85
48	White M.	40	42	55	70
49	White M.	42	50	72	85
50	White M.	45	52	68	70

This table of 50 observations has been selected out of my entire series of studies. In many examinations, owing to the loss of the tooth and the consequent absorption of the alveolus, the measurement of the angle of the socket was not possible. As a rule, the left half of the lower jaw was preferred for the examination because the tooth-sockets of the left

side were less frequently absent, and from which it may be inferred that the lower teeth of the left side are less exposed to destructive conditions than those on the right. Frequently a socket was entirely lost in the series; in such cases the angle was estimated by an examination of the opposite side of the lower jaw; where the socket was deficient on both sides, the fact is stated in the table as "no socket." The foregoing table discloses the following summary:—

Average angle of canine socket	$38\frac{8}{49}°$
" " " first bicuspid socket	$43\frac{39}{88}°$
" " " second " "	$60\frac{1}{2}°$
" " " second molar "	$76\frac{23}{48}°$
Approximate angle of canine socket	40°
" " " first cuspid socket	45°
" " " second " "	60°
" " " " molar "	77°

It must be conceded that these observations prove the proposition that the angle of the socket increases in passing from the anterior teeth to the molars.

If an examination is made of the angles in the white race, it is found that any of such angles are greater than those of the same sockets in the black race. Thus, the average angles of the canine socket in the white race is 38.6°; in the black race $35\frac{6}{7}°$. The angle of the second molar socket in the white race is 77.2°; in the black race it is 68°; and taken with other marks of differentiation the angle of the socket may, indeed, be considered a factor in the distinction of race.

The magnificent collection of skulls at the Academy of Natural Sciences bears out, as far as may be, the estimated angles of the tooth-sockets as stated. Unfortunately, the specimens were not available for the examinations as detailed, and the angles cannot be accurately given; but the result of my investigations, nevertheless, justify me in announcing, as a law, that, the higher the race, the greater and more regular the angle of the tooth-socket.

M. VIGIER has been making an antiseptic soap for the use of physicians and nurses. Reports speak very favorably of it, as it possesses the property of closing and healing scratches and cracks in the skin, thus preventing the development of disagreeable sores. It is now being made here by many pharmacists. Its formula is very simple, calling for the use of 12 per cent. of desiccated sulphate of copper and 88 per cent. of any good soap material. It has no irritating action, as might be supposed, upon the tissues. It presents a good appearance, having a fine green tint.

SELECTION.

*THE PHYSIOLOGICAL EFFECTS OF THE ACTIVE PRINCIPLE OF CELASTRUS EDULIS.**

BY PROF. UGOLINO MOSSO,
OF GENOA, ITALY.

CELASTRUS EDULIS (Forskall), or *Catha edulis* (Vahl), is known to the Arabs under the name of *ciat* or *cat*, and is esteemed by them as possessed of wonderful virtue. It is a small tree, and at first sight resembles, in its branches and leaves, the camellia. It belongs to the natural order *Celastraceæ* and tribe *Euonymi*. The Arabs employ it to enable them to support hunger and fatigue, and to bear the loss of sleep. They believe, also, that it is aphrodisiac, and that it protects against infection. Catha has been used clinically by Dr. Leloup, of Paris,† in the form of an alcoholic extract of the dried leaves. He states that it was of advantage in an old case of albuminuria, and in two cases of chronic lead poisoning. It gave relief in two cases of neurasthenia and one of hysteria.

A knowledge of the physiological action of the active principle of the plant has, hitherto, been wanting; nor had chemists succeeded in the attempt to extract an alkaloid. Dr. Atfield in vain sought to obtain cocaine from it, while Fluckiger and Schorlemmer succeeded in demonstrating that it did not contain caffeine. Bernou, after a prolonged and minute chemical analysis, concluded that not the least trace of an alkaloid was present in the leaves of *Celastrus edulis*. Finally, Fluckiger and Gersch extracted from 1380 grammes of dried leaves a small quantity of a soft, yellow substance, which gave the reaction of an alkaloid. Nevertheless, the alkaloid of the plant had not yet been isolated or studied. Neither was it right to assume that the active principle was an alkaloid, for we must remember that some active principles belong to the glucosides. Following a modification of Pelletier's classic process for the extraction of fixed alkaloids, I at length obtained an alkaloid in a state of sufficient purity to enable me to study its physiological

* Abstract of an introductory lecture to the course of Materia Medica and Experimental Pharmacology in the University of Genoa. Translated for the Medical Bulletin from the Archivio Italiano di Clinica Medica for March 31, 1891.

† Sur le catha edulis et ses effets thérapeutiques. Bulletin Thérapeutique, 1890, p. 216.

action, but in such small quantity that I was not able to determine its chemical composition. To this substance, the active principle of the *Celastrus edulis*, I have given the name of *celastrine*. In my physiological experiments I employed a neutral solution of the hydrochlorate of celastrine of such a strength that a cubic centimetre of liquid contained 0.008 gramme (about $\frac{1}{12}$ grain). The solution has a yellowish color and a very bitter taste, which does not disappear even when much diluted.

General Action upon Cold-Blooded Animals.—Two milligrammes of celastrine injected into the abdominal cavity, or under the skin of the back of a frog weighing 40 grammes, that is, 0.05 gramme per kilogramme of the animal's weight, produces but a slight augmentation of voluntary movements. Twice the above quantity increases the cardiac pulsations and the movements of the respiratory apparatus. Six milligrammes proved fatal. After injection of this dose the movements of the frog suddenly became more active, but shortly afterward it grew quiet, ceased to breathe, its muscles relaxed, the heart beat slowly, the pupils were extremely dilated, but sensibility was preserved. Subsequently, the reflexes were heightened and tremors were excited by simply blowing upon the animal or tapping the table. The activity of the lymphatic heart was next suspended, and cutaneous sensibility disappeared. An electrical current applied over the spinal column was incapable of exciting motion in the frog. The sciatic nerve was unresponsive to the same agent. When the thorax was opened the heart was found still beating.

When a large dose was administered in one injection the stage of excitement was transitory and sudden debility was manifested. In some frogs the cutaneous vessels were markedly dilated after death.

These experiments demonstrated that during a primary stage, and in small doses, celastrine is stimulant to the nervous system of frogs. During a secondary stage and in large doses it is depressant.

Action upon the Frog's Heart.—In studying the general action of a drug upon cold-blooded animals, it is necessary to ascertain its mode of action upon the heart. A few drops of the solution of celastrine placed upon the exsected heart of a frog cause a slight increase in the number of cardiac pulsations, followed by a diminution, and finally complete cessation. If the motionless heart be touched, some beats are excited. When the heart poisoned by celastrine is washed with a physiological solution of chloride of sodium, cardiac movements gradually recommence.

These fluctuations of activity in the heart of the frog are more satisfactorily studied by means of an artificial circulation. For this purpose I made use of the apparatus of Roy. The passage of blood feebly poisoned with celastrine accelerated and strengthened the heart's movements. Blood containing a larger quantity of the alkaloid diminished and arrested systole. When the organ was washed with normal blood the normal cardiac conditions were re-established. These experiments show that celastrine produces an excitant effect upon the heart of the frog.

General Action upon Warm-Blooded Animals.—An abdominal injection of 0.005 gramme in a mouse weighing 20 grammes—that is, of 0.27 per kilogramme—is fatal within a few minutes. Directly after the injection brisk movements take place and the respiration cannot be counted; then the animal ceases to move, its ears and tail become red, and respiration is labored. Tremors affect the muscles of the extremities, and death occurs from convulsions and arrest of respiration, the heart being found still pulsating when the chest is opened.

A smaller dose, equal to 0.004 gramme, injected into the abdomen of another frog of equal weight, killed it in two hours with the following symptoms in their order of succession: vivacity of motion; reddening of the ears and tail; placed upon its back the animal could with difficulty turn itself; dilated pupils; inco-ordination of voluntary movements; tremor; retardation of respiration. The forelegs could no longer support the body; cutaneous sensibility was preserved. It was unable to turn when placed upon its back. Respiration became more slow; tremors occurred and repeated themselves rhythmically every ten seconds. Sensibility remained; spinal reflexes were increased. Difficulty of breathing increased; sensibility diminished. Convulsions, rigidity of the extremities, complete insensibility, arrest of respiration. Rigidity developed slowly. Nothing very remarkable at necropsy.

A cavy, weighing 270 grammes, which

received an abdominal injection of 0.008 grm. celastrine, equal to 0.03 gramme per kilogramme, presented, at the end of seven hours, no other phenomenon than a slight excitation of voluntary and reflex movements. Some hours later a slight increase of temperature was observed. Upon the following morning the temperature was 30° C. (86° F.), respirations 14 to 15 to the minute. Sensibility was preserved. At the autopsy there were found at the site of injection ecchymoses and redness of the abdominal walls.

A rabbit weighing 1730 grammes died four and a half hours after the injection of 0.05 gramme of celastrine, equal to 0.03 per kilogramme. The alterations of blood-pressure were studied in this animal, which remained bound to a support for an hour and a half. The temperature, before the rabbit was bound, was 36.3° C. (97.3° F.), and to all appearance the animal was well and could walk. But an hour and a half later the temperature had risen to 40.2° C. (104.3° F.), the respirations to 63 and the pulse to 150 in the minute. The animal, however, did not appear to suffer. Four hours and a half after the injection had been made convulsions supervened, respiration became more difficult, and the temperature was 41.3° C. (106.3° F.). Convulsive attacks recurred five or six times, respiration grew rapid, and the animal died in convulsions. There was a moderate post-mortem increase of temperature, and cadaveric rigidity came on rapidly. The autopsy yielded no noteworthy appearances.

Frogs, mice, and rabbits are not, however, good subjects upon which to study the physiological action of drugs. The variations of pulse, temperature, and respiration can be better observed in dogs.

To a young dog weighing 6200 grammes, which, before being bound, had a temperature of 38.6° C., respiration 12, and pulse 80, an intra-venous injection was given of 0.08 gramme of celastrine, equal to 0.013 gramme per kilogramme. No noticeable symptoms appeared during the injection, but when unbound his movements were more lively. In twenty minutes the temperature had risen to 40.6° C., and the pupils were dilated to the utmost extent. The dog wheeled about the room as though under the influence of cocaine, and licked his nose. The ears were pale and cold, the conjunctivæ sensitive. Respiration was regular, but its depth was increased and its rate diminished. Every third or fourth inspiration was deepened. At the end of half an hour the agitation persisted. The dog was insensitive to pain, refused to drink, its temperature was 41.5°, an increase of 3° in half an hour. Consciousness remained, the tongue was cyanotic, the pulse rapid. An hour later the temperature was 42°; the animal was restless, reeled about the room continuously, was conscious, and dribbled saliva. At the expiration of another hour and a half he was still restless, reeled continually toward the left side within a very narrow circle, making pivots of his hinder legs. There were no convulsions, staggering, or stumbling, and he obeyed when called. The temperature was 41.38° and the pulse 70. The respiration was quickened and irregular (two or three superficial succeeded one deep inspiration). After two hours the salivation ceased, the temperature was 40.3°, the pulse 72, and respiration 36. At the end of six hours the animal was in good spirits and apparently normal condition, the temperature 39.3°, pulse 80, and respiration 36. He was kept under observation for a week, but presented no other symptom than slight excitement.

Effect upon Blood-Pressure and Respiration.—These were studied in an old dog under the influence of a larger dose. The vagi nerves and the jugular veins being exposed, the carotid was connected with a mercurial manometer. The pulse was 90 and the pressure 170 millimetres of mercury. Electrical irritation lowered the pressure, retarded the pulse, and modified the respiration. Before the injection was given the pulse was 86, respiration 18, and pressure 180 millimetres; 0.04 gramme of celastrine (equal to 0.014 gramme per kilogramme) was thrown into the jugular. Nothing occurred while the injection was being made, but soon afterward the pulse diminished, while the respiration remained unchanged. At the end of twenty minutes irritation of the vagi caused an increase of the cardiac beats and respiratory movements. After three-quarters of an hour the pressure was diminished one-half, the pulse 24, the respiration 2, the dog was rapidly becoming chilled, the temperature 32.20°; but sensibility was maintained, the pupils were dilated, and the corneal reflexes were present. At the end of an hour and ten minutes division of

the vagi in the neck increased the frequency of pulse and respiration. Blood-pressure continued falling, and the dog died an hour and a half after the injection.

From this, and other experiments which were made upon rabbits, it results that celastrine does not notably influence blood-pressure or respiration, but modifies the activity of the sympathetic nerve.

Comparison of the results of these experiments upon animals with the observations made upon man make it certain that the principle isolated by myself is that which gives their stimulant properties to the leaves of the *ciat.*

In seeking to compare the action of celastrine with that of drugs previously known, it must be admitted that its effects are similar to those of cocaine. Celastrine, however, is in so far the more energetic that it is mortal in amounts in which cocaine is merely excitant. It has, in common with cocaine, stimulation of the brain, augmentation of temperature, and deleterious effects, due to its abuse. It differs by its extremely bitter taste and by the fact that in intoxication from celastrine sensibility is preserved to the last, that convulsions are lacking, and that, although the animals may experience more agitation, they retain the government of themselves, and the organs of vegetative life continue to perform their functions.

The stimulant effect of celastrine is essentially manifested upon the brain without leaving a trace of depression or visible disturbance of function. The prominent symptoms in the subjects of experiment were agitation and increase of temperature, which remained elevated even in the absence of movement. The spinal cord, vagi nerves, and heart may share the stimulant effect, but are less powerfully affected.

Celastrine is probably a better and more active stimulant than cocaine.

When supplied with fresh samples of the drug, I propose to study more closely the chemical and physiological properties of celastrine. I hope, likewise, to have the opportunity, in the clinical service of the University, of employing it therapeutically as a stimulant remedy.

PROF. JOSEPH RANSOHOFF, of Cincinnati, is spending the summer in Europe.

ABSTRACTS.

PNEUMOCOCCOUS PERIARTHRITIS OF THE SHOULDER.—At a meeting of the Surgical Society, May 27, M. Schwarz said: "The case which I am about to report lends support to the view, already upon several occasions debated in this Society, that the pneumococcus possesses pyogenic properties.

"A man, aged 45 years, was attacked some days after recovery from an acute pneumonia by a swelling of the shoulder. Fluctuation was evident. The tumor was incised and gave exit to a considerable quantity of pus, which contained a great number of pneumococci, as demonstrated by microscopical examination, culture, and inoculation of animals."—*La Tribune Médicale*, June 4, 1891.

ERYTHEMA OF THE FACE, DUE TO INSUFFLATIONS OF SALOL.—In a paper bearing this title, read before the Parisian Society of Otology and Laryngology, M. Cartaz stated that he had met with a number of cases of the kind. The eruptions were of acute origin, and sometimes very intense and extensive, and did not vanish until after suspension of the treatment by means of salol in powder. The irritant action of this substance in these cases appeared incontestable, though the effect was doubtless due to idiosyncrasy on the part of the patients.

Other members spoke of having observed the same occurrence, which seemed to be caused particularly when the salol was used in combination with fatty bodies.

It was remarked, also, that eruptions had often been seen after the topical employment of camphorated naphthol.—*La Tribune Médicale*, June 11, 1891.

A CASE OF CONTAGION FROM MERCURIAL STOMATITIS.—P. Diday reports the following case: A man, aged 32 years, had contracted syphilis, and had been taking for ten days 2 pills daily of about ½ grain of protiodide of mercury each, when he was attacked by mercurial stomatitis. Two days later the writer was consulted by the wife of the patient and found her also suffering from stomatitis. The man confessed that some days previously he had repeatedly kissed his wife.

M. Diday, in explanation of this curious case, believes we may admit that certain of the

numerous microbes which inhabit the mouth become virulent under the influence of the mercurial impregnation.—*Revue de Laryngologie*, etc., June 15, 1891.

Parasites in the Nasal Fossæ.—Dr. Delobel, of Noyon, reports the following case: A girl, 15 years of age, complained of severe headaches, which were accompanied by an abundant nasal secretion having a vermicular appearance. According to the mother, similar secretions had been passed from the anus. The patient experienced stinging sensations within the nose. Nevertheless, nothing special was revealed by rhinoscopic examination.

Notwithstanding the rarity of the fact, M. Delobel suspected that the nares contained larvæ of the blue-bottle fly, as the girl had been accustomed during the summer to lie upon the grass in the fields. He prescribed naso-pharyngeal douches with a 4-per-cent. solution of boric acid, and asked the patient to bring him any parasites that she might discover. A few days afterward she returned with about 30 parasites of different sizes, which he recognized as being those of the blue-bottle fly (*Calliphora vomitoria*). For economy's sake, M. Delobel substituted for the boric acid a 40-per-cent. solution of chloride of sodium, to be used every other day as a naso-pharyngeal douche and a wash.

This treatment caused the prompt disappearance of the larvæ. The writer explained their presence by a deposit of eggs, which had speedily given birth to larvæ. He recommends, in such a case, the use of antiseptic naso-pharyngeal douches.—*Revue de Laryngologie*, etc., June 15, 1891.

Influence of Menstruation and its Disorders upon Affections of the Eyes.—From the eye-clinic of Dr. F. Lagrange M. Bézy reports 4 illustrative cases. The first concerned a woman, 32 years of age, suffering from follicular conjunctivitis, in whom the disease made its appearance with the menses, attained its maximum at the period of the flux, and vanished almost completely after cessation of the catamenia. The second case was that of a woman, aged 45 years, the subject of an old blepharo-conjunctivitis, which improved with each menstrual epoch. In the third case, a chronic ciliary blepharitis was aggravated at each menstrual period. In the fourth case a conjunctivitis coincided with the establishment of the menstrual function.—*Annales de la Polyclinique de Bordeaux*, No. 5, 1891.

Purpura of the Mucous Membrane of the Mouth, Pharynx, and Larynx.—Dr. Audubert, of Luchon, reports the following case from the clinic of Dr. E. J. Moure: A cooper, aged 50 years, had enjoyed comparatively good health in his youth, but the family history was bad. Of late years his health had failed, and when he presented himself at the clinic it was found that he suffered from laryngeal tuberculosis. Two months later, disseminated spots of purpura were perceived by Dr. Moure in the mouth and pharynx. These spots were of a vivid-red color, did not project beyond the surface, nor disappear upon pressure. They were found upon the soft palate, tongue, and right ventricular band, were not painful to the touch, caused neither itching nor difficulty of swallowing. Ten days after they were first observed they had nearly disappeared, and were undergoing changes of color indicating resolution of the extravasations. But as the first crop were removed new patches developed upon the inner surface of the left cheek, the gums, and the posterior region of the pharynx. No lesions of the kind were present upon the skin; the nasal mucous membrane was normal in all its parts.

The outbreak was unattended by headache, a sense of fatigue, or generalized pains. There were no rheumatic antecedents, the patient had not been obliged to do hard labor, had not lived in damp or ill-ventilated situations, or suffered from continuous disappointment or sorrow.

This disease sometimes depends upon insufficient alimentation, severe anæmia, some alteration of the organic condition; a prolonged cachexia, caused, it may be, by cancer, by certain intestinal affections (Henoch), or by tuberculosis, as in cases cited by Kaposi, and termed cachectic purpura. In the case reported the purpura was doubtless the result of tuberculosis.

Purpura of the laryngeal mucous membrane is very rare, if we may judge from the silence of text-books and journals of laryngology. Nevertheless, there is reason to think that if it is not often mentioned among diseases of the larynx, this may be because it has not been

looked for in cases of dyscrasia or in those cases of simple purpura which develop in an almost epidemic manner in camps, barracks, hospitals, and on board vessels, as well as in purpura hæmorrhagica and scurvy.—*Annales de Polyclinique de Bordeaux*, No. 5, 1891.

Grafts and Inoculations of Cancer.—This was the subject of an address by M. Cornil at a meeting, June 23, 1891, of the Academy of Medicine. The speaker remarked that for a long time attempts had been made to engraft cancerous tumors in healthy tissues. The very important problem of the reproduction by grafting or by injection of cancer-juice is very intimately related to the etiology of the disease, and its suspected, but not yet demonstrated, parasitic origin. Goujon and Onimus, as well as Legros, had made inoculation experiments, which quite recently had been repeated upon mice by Hanau and Moreau with positive results, those obtained by Moreau being absolutely incontestable.

The two observations relative to human beings which I am about to communicate to the Academy are no less demonstrative. They were confided to me four years ago by a foreign surgeon, whose name I withhold, and I shall not seek to justify them. They should never have been published, did they not appear to possess a peculiar scientific interest.

The first case was that of a woman who had a large tumor of the breast. The surgeon, after having removed the growth, inserted a very small piece of it under the skin of the opposite breast, which seemed entirely normal. The operation was performed during the hypnotic state, with the most minute antiseptic precautions. For some days nothing was observed as the effect of the graft. The skin healed by the first intention, with no trace of inflammation, but soon an indurated nodule was perceived. The nodule enlarged, attained at the end of two months the size of an almond, and was excised by the same surgeon. The structure of the first and second growths presented exactly the same characters. The picture was that of a fasciculated sarcoma, formed of spindle-cells arranged in the form of fibrils and intersecting bundles. The graft presented an immense number of cells in a stage of karyokinesis, such as are seen in developing and rapidly-growing tumors.

Here had evidently developed a graft of a clearly-defined species of tumor, a fasciculated sarcoma. The engrafted tissue had lived and developed, as was shown by its structure, vascularization, and karyokinesis. This tissue had not vegetated simply as a parasite, isolated from the neighboring parts and possessing an individual life. Its branches were mingled with the structures in its vicinity, had penetrated more and more closely the surrounding tissues, and determined their transformation into a sarcoma.

The patient died soon afterward of an acute intercurrent malady. The autopsy was carefully conducted. No evidence of sarcoma was detected in the lymphatic glands, internal viscera, or the spongy tissue of the bones.

Objections may be raised to the conclusiveness of a graft practiced upon a subject already the victim of the disease engrafted. It may be said that such a one is predisposed to secondary new formations by the possession of the primitive growth, that the fluids of the patient were modified by the primitive growth to the point of having acquired a special receptivity. This argument may be sustained and may be true. The graft is more certain to take in an animal who has a cancerous tumor, a piece of which is engrafted upon itself. But the experiment likewise proves successful in healthy individuals of the same species.

In the case just related of the anonymous surgeon, the secondary tumor was certainly due to the graft, and was not a secondary nodule of spontaneous development, in consequence of the progress of sarcomatous infection, for in no part of the organism did secondary sarcomatous formations exist.

The second case also related to a tumor of the breast. After ablation of the diseased gland, and while the chloroform narcosis continued, the operator inserted into the glandular tissue of the opposite breast a small fragment of the removed growth. This graft followed the same evolution, primary union with no inflammatory symptoms, but at the end of a few weeks the appearance of a nodule, which developed into a neoplasm.

A histological examination demonstrated the tumor to be a tubular epithelioma of the breast. The patient was unwilling to submit to an operation for the removal of the small tumor evolved from the graft.

These two cases demonstrate that a fragment of a sarcoma or a carcinoma, placed in con-

tact with the normal tissues of the individual who is the subject of the tumor, becomes fixed, develops, and invades the healthy tissue or transforms it into a neoplasm. It is a graft of neoplastic tissue, or even a graft of cells. The process necessitates the immediate union of the engrafted tissue with the tissue with which it is in contact. Cells of an abdominal or pleural neoplasm, detached more or less completely from its surface and in relation with normal points of the serous membrane, will engraft themselves thereupon and sow the seeds of germination of small neoplastic granulations, which will grow independently.

An ovarian tumor, for example, will remain benign while inclosed in the fibrous capsule of the organ, but will become the point of departure of secondary peritoneal nodules when one or several buds from the tumor shall have perforated the capsule and come in contact with the serous membrane. The hypothesis of graft which pathologists make in such a case takes body and becomes reality. Here is, in fact, a process of generalization which may be made also when the lymphatics and blood-vessels transport cellular elements and fluids derived from new growths, and which acts with increased intensity when the graft is made by means of the circulation of the blood and lymph.

MM. Le Fort, Larrey, and Moutard-Martin protested, in the name of science, against the proceedings of the anonymous surgeon, which they could not too strongly condemn.—*La Tribune Médicale*, June 25, 1891.

A Scarlatiniform Rash in Chicken-Pox.—At the meeting, June 19, of the Medical Society of the Hospitals, M. Galliard stated that a rash of this kind is rarely seen in varicella, and he had found but two references to it by French writers,—one by Gintrac, the other by Æsnomon, a pupil of M. Ollivier. Among foreign authors, some cases had been reported by Thomas, Fleischmann, Baader, and Stainforth.

According to these observations, the scarlatiniform rash usually precedes by a few hours the eruption of chicken-pox, though exceptionally they may both appear at the same time. The rash lasts but a little while, and is not of evil import. The diagnosis is not difficult, the absence of sore throat excluding scarlatina.

The speaker then briefly described a case which he had encountered, in which the scarlatiniform rash, contrary to what had been observed in other cases, made its appearance the day after the development of a varicellar eruption.

In the discussion, M. Comby remarked that, while such a rash is very rare in varicella, it was rather common in vaccinia.—*La Tribune Médicale*, June 25, 1891.

Calcareous Degeneration of Nerves in Anæsthetic Leprosy.—At a meeting of the Biological Society, June 20, a paper was presented by MM. Combemale and Marestang, in which they stated their belief that the interstitial sclerosis of nerves in anæsthetic lepra was due to localization among the fibrils of Hansen's bacillus. They find a new proof in support of this opinion in an observation obtained from the Marquesas Islands. Histological examination of the median and ulnar nerves from a leper whose upper limbs especially were marked by complete insensibility, atrophy, and trophic disorders, such as perforating ulcer and spontaneous mutilations, have shown, by the side of the sclerosis usually met with in these trunks, a special process which the authors believe has been first observed by themselves, viz., a cretaceous infiltration. Numerous deposits of carbonate and phosphate of lime were found in the course of the nerves examined, intermixed with the fibrils or occupying the lumen of empty nervous tubules. From the analogy of calcified tubercle we may look upon this alteration as the result of a primitive irritative process. This calcareous infiltration is not exceptional in leprosy, nor is it special to that disease. The rarity of examination of leprous nerves probably explains why the condition is not more frequently encountered, as we may understand how the same process which occurs in other organs, as the liver, lung, or brain, may develop likewise in the nerves.—*La Tribune Médicale*, June 25, 1891.

Sued by Sir Morell Mackenzie.—Sir Morell Mackenzie, the celebrated throat specialist of London, has brought suit for $10,000 damages, for the alleged unauthorized use of his name, against the Soden Mineral Springs Company and the Eisner & Mendelson Company. An injunction has been asked for.

THERAPEUTIC NOTES.

ARISTOL IN CHRONIC DYSENTERY.

B. M. Randall, M.D., of Graceville, Minn., says: "Among the numerous applications of aristol brought before the profession by the journals, I do not remember noticing any reference to its use in chronic dysentery, and I was led to a trial of it by theoretical reasoning, coupled with sheer desperation, in a case where vitality was fast ebbing, and all regulation treatment seemed to fail. My experience with this remedy in chronic dysentery is confined to 3 cases, but the evidence of its virtues has been sufficiently marked to excuse bringing it to the attention of those who are having difficulty with this intractable disease. I will briefly submit notes of my worst case:—

"P. B., æt. about 60, came under my care May 15, 1891. Had been a hard-working blacksmith, but was incapacitated for about six months. Confined to bed for six weeks, steadily growing worse. Operations averaged not less than once an hour, accompanied by great pain and tenesmus and the passage of large quantities of blood. The location of pain and tenderness would indicate involvement of the lower half of the transverse colon in the ulcerative process. Emaciation extreme. A 20 grain suppository, containing 3 grains of aristol and ⅓ grain of morphine, was directed three times a day, and the dietetic regimen enforced. Two days later stools were less offensive, more consistent, and free from blood. Within one week pain and tenderness were entirely gone; blood had slightly re-appeared but once; operations were six to eight *per diem*, soft but not fluid, and almost free from epithelial *débris*. Occasional colicky pains occurred from tympanites, but yielded to a carminative. In ten or twelve days all evidence of rectal ulceration had about vanished, and the aristol was reduced to 1 grain three times daily, morphine being used only in the evening. June 4th the patient was apparently convalescent and calling for more food. Tongue becoming moist and fissures disappearing.

"Full reference is not made to the medicinal treatment, for no practical change was instituted, even in the matter of the opiate. Injections had previously been used, both of cold water and of mild alum solution. It is simply desired to call attention to the influence of aristol upon the ulcerated condition of the lower bowel, evidence of which is corroborated in the two less notable cases to which I have alluded. Where an extensive portion of the colon is involved in the ulceration, suppositories would hardly be expected to meet the indications, and a suspension of the powder in fluid might be suggested."—*Med. Age.*

"DERMATOL."

Under the name "dermatol," a basic gallate of bismuth is being put forward as a substitute for iodoform. It is described (Pharm. Zeit., June 20, p. 386) as an extremely fine, non-hygroscopic, odorless, saffron-yellow powder, stable toward air and light and insoluble in the ordinary solvents. On account of its insolubility its antibacterial action is limited to the part where it comes into direct contact with the pus microbes, resembling in this respect iodoform. In addition to the direct antiseptic action of dermatol, it is claimed that dermatol has a desiccating influence, so that the development of the bacteria is inhibited by the drying up of their pabulum. The astringent action of the preparation is also said to influence the process of healing, whilst, on the other hand, it causes no irritation, and is not absorbed. This preparation is further said to be valuable when administered internally in affections of the stomach and intestines, and it is stated that, as it is non-poisonous, doses amounting to 2 grammes daily are well supported. The question has been raised why the pharmacist should be perplexed with such an unmeaning name as "dermatol" for a salt of bismuth, but the choice of the designation has been, probably, more influenced by the prospective profit of a manufacturer than considerations of the convenience of pharmacists.—*Pharm. Journal and Trans.*

TREATMENT OF CHOLERA INFANTUM.

In Therapeutic Gazette Dr. L. G. Broughton, of Reidsville, N. C., recommends the following mixture in severe cases of cholera infantum, with profuse and watery stools:—

℞	Salicylate of bismuth,	2 drachms.
	Sulpho-carbolate of zinc,	4 grains.
	Chalk mixture,	1 ounce.
	Paregoric,	
	Water, āā	½ ounce.

M. Sig.: One drachm every two hours until bowels are controlled.

Then the following is given:—

℞ Calomel, ... 1 grain.
Sulpho-carbolate of sodium, 20 grains.
Saccharated pepsin, . . 19 "

Divide into 10 powders, and give 1 every three hours. If the stomach is not irritable, sulpho-carbolate of zinc is substituted for the sodium-salt in the last prescription.—*Gaillard's Medical Journal.*

THE INTOLERANCE OF ARSENIC BY AGED PERSONS.

Jonathan Hutchinson, F.R.S., LL.D., in an article entitled "Arsenic as a Drug" (British Medical Journal, June 6, 1891), says: "I have formed an unfavorable opinion as to the influence of arsenic upon elderly persons, and, unless the disease imperatively demands it, I never prescribe it for them. More especially is caution, I think, necessary if any symptoms of nerve-degeneration are present. An old gentleman who suffered from paralysis agitans was, as I have good cause to remember, invariably made worse by the very smallest doses of arsenic. A physician whom we consulted insisted, although warned, in prescribing it, and the fact that he had done so was concealed from our patient. Although very small doses were given, its effect was at once recognized, and so much annoyance was caused that we had difficulty in retaining our patient's confidence. I have met other similar instances of susceptibility, but always in the aged. It is remarkable how very seldom in the young or middle-aged we encounter anything of the nature of idiosyncrasy in reference to arsenic."—*Journ. Med. College of Ohio.*

INJECTION FOR GONORRHŒA.

A new specific for gonorrhœa is a 1-per-cent. solution of creasote in decoction of hamamelis combined with boric acid. It is claimed that this will destroy the gonococci in two hours.—*Medical Age.*

THE TREATMENT OF LYMPHANGITIS AND DIFFUSE PHLEGMONS OF THE EXTREMITIES BY THE CARBOLIZED SPRAY.

Schwartz (Revue Générale de Clinique et de Thérapeutique, March 4, 1891, p. 130) details 2 cases of diffuse phlegmons of the extremities which he cured by spraying with carbolic solution. The first case was a man aged 29. In order to let out accumulated pus, etc., an incision ten centimetres long was made on the outer surface of the knee. There was an enormous collection in the calf, which was also evacuated. Three vertical incisions were made in the thigh, and all the cuts washed with chloride of zinc 1 to 100. Later on, two new incisions were made on the thigh, and the one on the outer side of the knee extended still farther. Scarifications with a bistoury were made around the root of the thigh at the upper limit of redness. The part was dressed with a sublimate solution, 1 to 2000, and twice daily a steam atomizer sprayed the whole limb for an hour with carbolic solution, 1 to 40. The patient recovered.

The other case was much like the first, but was sprayed with a carbolic solution, 1 to 60, three times daily, for an hour each time. From that moment the patient improved. The author says that in such conditions the carbolized spray is truly an excellent remedy that enables one to arrest and rapidly modify grave septic processes, but that its use should be combined with large incisions and moist antiseptic dressings.—*Univ. Med. Magazine.*

NEW REMEDIES.

Acetanilid—analgesic and antipyretic. 2–5 grs. per os.
Acetylphenylhydrazin—antipyretic and analgesic. 3–5 grs. per os.
Agaricine—antisudorific in phthisis. ½ gr. per os.
Amylene hydrate—hypnotic, anodyne. ½–1 drachm.
Anthrarobin—against skin diseases.
Antipyrin—antifebrile and anodyne. 15–30 grs. per os, or subcutaneously.
Aristol—antiseptic and in skin diseases.
Benzoyl-anilide—antipyretic. 1½–5 grs. per os.
Benzoyl-guaiacol—antituberculotic. 4–10 grs. per os.
Betol—antigonorrhœic. In bougie.
Bismuth salicylate—against gastric affections. 6–15 grs. per os.
Bromoform—against pertussis. 1–2 ♏ per os.
Camphoric acid—antisudorific in phthisis, etc. 30 grs. per os.
Cetrarin—stomachic. 2 grs. per os.
Chloralamid—hypnotic—30–45 grs. per. os.
Chloralurethan—hypnotic. 15–45 grs. per os.
Creasote—antituberculotic. 3 ♏ per os.
Creolin—antiseptic. 5 ♏ internally.
Cresalol—antiseptic, antifebrile.
Ethylenimine hydrochloride—general stimulant. $\frac{1}{6}$–$\frac{1}{3}$ gr. subcutaneously,
Exalgine—analgesic. 4 grs.
Guaiacol—antituberculotic. 1 ♏ per os.

Hydracetin. See Acetylphenylhydrazin.
Hydrastinine—against uterine hæmorrhage. 1 grm. subcutaneously.
Hydroxylamine—against skin diseases. Externally.
Hypnone—hypnotic. 3–8 ♏ per os.
Ichthyol—antirheumatic; against sciatica, erysipelas, skin diseases. Externally, and 4–20 ♏ per os.
Iodine trichloride—antiseptic. Externally in 1 per cent. of solution.
Iodoform bituminate—antiseptic. Externally.
Iodol—antiseptic. Externally.
Lanolin—as an ointment base or vehicle for other medicaments.
Mercury peptoglutine—antisyphilitic. $\frac{1}{6}$ gr. subcutaneously.
Mercury phenate—antisyphilitic. $\frac{1}{3}$–$\frac{1}{2}$ gr. subcutaneously.
Mercury salicylate—antisyphilitic. $\frac{1}{6}$–$\frac{1}{3}$ gr. subcutaneously.
Mercury succinimate—antisyphilitic.
Methacetin—antipyretic. 3 grs. per os for children.
Methylal—hypnotic and anæsthetic. 15–30 grs. per os.
Methylene blue—analgesic. 8–15 grs. per os.
Methylene chloride—narcotic anæsthetic.
Monobromacetanilid—analgesic. 1–8 grs. per os.
Myrtol—antiseptic in phthisis. 5 ♏ per os.
Naphthalene—antiseptic. 2–8 grs. per os.
Naphthoic acid—antiseptic and antiparasitic.
Naphthol—antiseptic.
Naphthol camphoratum—antiseptic, antituberculotic. Subcutaneously.
Orexin hydrochloride—stomachic. 5–8 grs. per os.
Paraldehyde—hypnotic and sedative. 15–45 ♏ per os.
Phenacetin—antipyretic, antineuralgic. 8–20 grs. per os.
Phenylurethan—antifebrile, antirheumatic. 6–8 grs. per os.
Piperazide hydrochloride—general stimulant. Externally.
Pyoktanin—antiseptic.
Pyridin—antiasthmatic. 1–1½ drachms by inhalation.
Pyrodin. See Acetylphenylhydrazin.
Resorcin—Antipyretic and antifermentative.
Rubidium ammonium bromide—antiepileptic. ½–1½ drachms per os.
Salipyrin—antifebrile, antirheumatic. 15 grs. per os.
Salol—antiseptic, antigonorrhœic. 15–30 grs. per os.
Sodium anisate—antipyretic, antirheumatic. 15 grs. per os.
Sodium dithiosalicylate—antipyretic, antirheumatic. 3 grs. per os.
Sodium paracresotate—antipyretic, antirheumatic. 8–15 grs. per os.
Sodium theobromine salicylate—diuretic. 8–15 grs. per. os.
Somnal—hypnotic. 30 ♏ per os.
Sozoiodol—antiseptic. Externally.
Sulphaminol—antiseptic. Externally.
Sulphonal—hypnotic. 15–30 grs. per os.
Terpine hydrate—against pulmonary affections. 3–10 grs. per os.
Terpinol—against pulmonary affections. 2 ♏ per os.
Tetronal—hypnotic. 15–30 grs. per os.
Thallin sulphate—antigonorrhœic. Injection.
Thiol—ichthyol substitute, *q.v.*
Thioresorcin—antiseptic.
Tribromphenol—antiseptic. Externally.
Trional—hypnotic. 15–30 grs. per os.
Urethane—hypnotic. 15–40 grs. per os.

—H. HELBING, F.C.S., in *Pharmaceutical Journal and Transactions.*

THE ACTION OF HYDRASTIN UPON THE VASCULAR SYSTEM AND THE UTERUS.

Authorities are divided upon the mode of the action of hydrastin on the vascular system. Some have observed an increased blood-pressure and slowing of the heart's action, whilst others affirm that the drug paralyzes the vascular system. The uterine contractions provoked by hydrastin are due, according to some, to the direct stimulation of the muscles and of the cardiac nerves; according to others, to the stimulation of the central nervous system. It was for this reason that Serdsteff had undertaken new experimental researches upon frogs (sixty-two experiments) and upon warm-blooded animals (fifty-seven experiments). These are the results obtained by this experimenter:—

Given in a small dose, hydrastin provoked, in frogs and in warm-blooded animals, slowing of the heart's movements, owing to a stimulation of the inhibitory apparatus, both peripheral and central. Small doses always increased blood-pressure; by larger doses it was lowered.

These differences depended upon the state of the vasomotor centre. Small doses were not followed by convulsions, and did not paralyze either the respiration or the heart. He thinks, then, that if some observers have verified the paralyzing action of hydrastin upon the vascular system, it must be those who have given larger doses of the remedy. Regarding the influence exercised by hydrastin upon the uterus, the voluntary or rhythmic contractions of this organ would be increased

in their strength, their number, and their duration.

Hydrastin does not act directly upon the neuro-muscular apparatus of the uterus, but indirectly by the intervention of the central nervous system, and that very probably by way of the vasomotors.

In sustaining these obtained results the experimenter counsels the use of hydrastin in all those cases of hæmorrhage where it would be, for one cause or another, unwise to await strong contractions of the uterine muscles, and where it is of the greatest importance to attack the bleeding through the vessels of the uterus.—*Les nouveaux remèdes; New Orleans Med. and Surg. Journ.*

APOCYNUM CANNABINUM.

Dr. W. T Richmond recommends this drug in cases of ascites, Bright's disease with or without dropsy, valvular heart disease with general anasarca. He says:—

"The preparation I have used is the fluid extract. Thirty or forty drops will act promptly as an emetic. I usually begin with seven or eight drops, and increase the dose, or repeat it at short intervals, until the desired effect is obtained. This quantity will act on the bowels, producing copious watery discharges, and increase the flow of urine. Its action on the kidneys must be by increase of blood-pressure, as the action of the heart is slowed.

"I believe it increases the flow of bile, as some cases of jaundice treated with it have yielded promptly, the stools becoming dark with the use of the medicine.

"From observation, I find that apocynum in small doses acts as a cathartic, without producing nausea or other disagreeable symptoms, but acts rather as a tonic and appetizer. It also acts as a diuretic. In large doses, or doses repeated at short intervals, it acts as a hydrogogue, cathartic, and diuretic. In large doses it is emetic. Its greatest value is in the treatment of dropsies from any cause, especially from albuminuria.

"Toleration is established by continued use, therefore it is necessary to increase the quantity given in order to maintain its action."—*Daniel's Texas Medical Journal.*

PICHI IN GONORRHŒA.

Pichi is of decided service in this affection, according to my experience, and especially if used during the inflammatory period. In these cases the sedative action of the drug lessens the local irritation, tends to suppress the mucopurulent secretion, and relieves the dysuria.—Dr. Melville E. de Laval, in *La Gazette Médical de Montréal.*

TURPENTINE IN POST PARTUM HÆMORRHAGES.

When ordinary means have failed, a piece of linen saturated in turpentine, introduced into the uterine cavity and compressed against its walls, excites contraction of the womb and instant arrest of the bleeding.—*Ibid.*

FOR CHAPPED HANDS.

℞ Menthol,	.75
Salol,	1.50
Olive-oil,	1.50
Lanolin,	45 00

—M.

SALICIN FOR PELVIC PAIN.

Jules Chéron writes: "Pelvic pain, in cases of metritis, salpingo-ovaritis, pelvic cellulitis, or pelvic peritonitis, are particularly severe in those of a rheumatic diathesis. We even meet with women who, after the menopause, suffer the pains which accompany uterine disease, who complain of acute suffering in the lumbo-sacral and abdominal regions, and who have merely, from taking cold, an attack of lumbo-abdominal neuralgia, without any lesion of the genital organs. In questioning these patients we may easily assure ourselves that a rheumatic taint is present. Salicin is, in such cases, a remedy of service, and I have often found it superior as an analgesic to those generally employed in acute or chronic pelvic cellulitis. I usually administer 1 gramme (15½ grains) daily, divided into three doses."—*Ibid.*

For simple conjunctivitis, Professor Keyser recommends—

℞ Acidi borici,	gr. x;
Aquæ destil.,	℥j;

to be dropped into the eye three or four times daily; if this does not suffice, acetate of zinc or sulphate of zinc, gr. ss to ℥j of water, may be used.—*Times and Register.*

THERAPEUTIC APPLICATION OF CYANIDE OF GOLD.

Cyanide of gold is a yellowish, crystalline powder, without taste; insoluble in water, alcohol, and ether. It has been given for the

cure of scrofula, phthisis, and amenorrhœa, in the following formula, by Oesterlen. The dose is from $\frac{1}{60}$ to $\frac{1}{10}$ grain :—

℞ Cyanide of gold, . . . gr. ij.
Chocolate, ... ℥iss.

Make into twenty-five powders, and give from 2 to 4 each day.—*La Médecine Moderne.*

INCOMPATIBLES OF ANTIPYRIN.

According to Millard and Campbell, the following substances produce precipitates when added to aqueous solutions of antipyrin :—

Carbolic acid in saturated solution.
Tannin (a white, insoluble precipitate).
Mercuric chloride (a white precipitate, soluble in an excess of water).
Infusion catechu.
Infusion cinchona-bark.
Infusion rose-leaves.
Infusion uva ursi.
Solution of extract cinchona-bark.
Tincture catechu.
Tincture cinchona.
Tincture hamamelis.
Tincture iodine (a precipitate soluble in water).
Tincture kino.
Tincture rhubarb.

The following substances produce coloration when added to aqueous solutions of antipyrin :—

Hydrocyanic acid, dilute solution,	yellow.
Nitric acid, dilute solution,	weak yellow.
Ammonia-alum, dilute solution,	dark yellow.
Amyl nitrite, acid solution,	green.
Nitrous ether, alcoholic solution,	green.
Copper sulphate,	green.
Ferrous sulphate,	yellow-brown.
Ferric sulphate,	blood-red.
Ferric chloride,	blood-red.
Syrup iodide iron,	red-brown.

—*Weekly Med. Rev.*

M. Sohet (Bull. de la Soc. de Phar. de Bruxelles) has lately studied the incompatibility and toxic properties of iodide of potassium and chlorate of potassium. He was asked to prepare a potion whose formula was as follows :—

Iodide of potassium,	4 grms.
Chlorate of potassium,	6 grms.
Syrup of narceine,	50 grms.
Distilled water,	200 grms.

The solution was clear at first, but in a few hours it became cloudy, then turned to a yellowish hue, and ended by taking on a brown coloration. His conclusion was that the combination of the two salts gave rise to iodate of potash, a toxic salt, and decided that this preparation should never be dispensed. On reading up the subject, he found that M. Melsens, a professor of chemistry in Brussels, had once sent a communication to the Academy of Medicine, in which he stated that a mixture of 40 to 60 centigrammes of iodide and chlorate of potassium was sufficiently powerful to kill animals.—Paris letter in *Pharmaceutical Record.*

A French dispensing chemist points out that a mixture of bromide of sodium and hydrochlorate of cocaine results in the alkaloid being precipitated. It will be well to bear this in mind ; for, with the cocaine merely suspended, a serious, and, in an infant, even a fatal, accident might easily result.—*Amer Pract. and News.*

GOLD IN DIABETES MELLITUS.

In the Chicago Medical Recorder, J. A. Robinson gives 2 cases of diabetes mellitus, treated as follows: Antidiabetic diet, and the chloride of gold and sodium, gr. $\frac{1}{30}$, thrice daily. Both cases recovered. In one, codeine, antipyrin, Cleman's solution of arsenic bromide, etc., had been used without benefit. —*Times and Register.*

BORATE OF SODA IN EPILEPSY.

Borate of soda in epilepsy was first proposed by Charles F. Folsom, of Boston, in 1881. Gowers reported 4 cases treated with the remedy, 3 of which were entirely cured.

Lately, El Siglo Medico reports that Señor Dijond has tried the remedy in 25 old cases in which the bromides had been employed without any real benefit. The duration of treatment with the borate of soda was from four to seven months ; the doses of the remedy varied from 1 to 6 grammes a day.

One case was completely cured, and all the others, except 6, were much improved.—*Cin. Med. News.*

TREATMENT OF CIRCUMSCRIBED PATCHES OF PSORIASIS.

E. Besnier (Rev. gén. de Chir. et de Thér., 1890), recommends for small patches on the scalp :—

℞ Acidi pyrogallic.,
Ichthyol.,
Acidi salicylici, . . āā 4 to 5.
Vaselini, ... 35.—M.

Or for isolated patches:—

℞ Saponis virid.,
Vaselini, . . . āā 20
Ichthyol., ... 2
Acidi salicylic.,
Acidi pyrogallici, . āā 1.—M.

Daily frictions should be made and continued unless the scalp becomes irritated.—*Journal Cut. and Gen.-Urinary Diseases.*

ARISTOL FOR FISSURED NIPPLES.

Vinay (Lyon Médical) has recommended the employment of aristol in the treatment of fissured nipples occurring during lactation. He uses it in cases where there is much ulceration and pain. The mixture is as follows:—

℞ Aristol., ... ℥j.
Liq. vaselin., . . . ℥v.

This is to be applied to the breast and carefully wiped off before the child nurses. After its employment the pain diminishes and cicatrization goes on rapidly. In cases in which the glands become much involved this preparation of aristol may be rubbed into the enlargement with advantage.—*Archives of Gynæcology*, etc.

INJECTION FOR TUBERCULAR DIARRHŒA.

℞ Olive-oil, ... 6 drachms.
Guaiacol, ... 10 drops.
Water, ... 8 ounces.
One yelk of an egg.

—*Jour. de Méd. de Paris; N. Orl. Med. and Surg. Jour.*

GARGLE FOR ACUTE TONSILLITIS.

℞ Ammoniated tincture of guaiac,
Compound tinct. cinchona, āā 6 drachms.
Chlorate of potassium, . . 2 "
Honey, ... 6 "
Powdered gum arabic, . . q. s.
Distilled water, . q. s. ad 4 ounces.

From one-half to one teaspoonful of this should be used as a gargle in a little water every two or three hours.—*Journ. de Médecine; N. Orleans Med. and Surg. Journal.*

Dr. CHAS. SZADEK, of Kieff, Russia, has employed sulphur in the following preparations:

1. Sublimed sulphur, . . ½ drachm.
Powdered arrow-root, . ½ ounce.
Salicylic acid, . . 8 grains.—M

2. Sublimed sulphur, . . ½ drachm.
Almond-oil,
Glycerin, . . āā 3 ounces.—M.

3. Sublimed sulphur, . . 2 drachms.
Etheris sulphuris,
Spts. vini rectif., . āā 2 ounces.

M. Sig.: Shake well and mop over the surface.

4. Sublimed sulphur, . . 2 scruples.
Vaselin or ointment of benzoated oxide of zinc, 1 ounce.—M.

5. Ichthyol (sulpho-ichthyolate of sodium or ammonium),
Spts. vini rectif., . āā 1 ounce.

M.D.S. Five to ten drops two or three times a day.

6. Ichthyol, ... 2 scruples.
Powdered oxide of zinc,
Powdered arrow-root, āā 2 drachms.
Vaselin, . . . ½ ounce.

M. et ft. pasta.

7. Ichthyol, . . . ½ to 1 drachm.
Vaselin or ointment of benzoated oxide of zinc, ½ ounce.—M.

He uses the above in rosacea, seborrhœa, seborrhœic eczema, chronic eczema in children, prurigo, icthyosis, hyperidrosis, etc.—*Amer. Pract. and News.*

SYRUP FOR INFANTILE CONSTIPATION.

℞ Podophyllin, . . . 1 grain
Alcohol, ... 1¼ drachms.
Syrup of red raspberry, . 3 ounces.—M.

Dose, from a teaspoonful to a dessertspoonful every morning, according to the obstinacy of the constipation.—*L'Union Médicale; Archives of Gynæcology*, etc.

ERYSIPELAS.

Dr. Nuding says: "I have never employed camphor internally in this disease, but for the past few years have regarded it as a reliable, if not specific, therapeutic agent in its local treatment.

"Since beginning its use I have constantly employed it in all cases of facial or simple cutaneous erysipelas with the most gratifying results. I usually employ a saturated solution of camphor and tannin in sulph. ether:—

℞ Acid. tannic., . . . gr. lxv.
Camphor., ... ℥iiss.
Ætheris sulph., . . . ℥ij.

M. Sig.: Apply by means of a camel-hair pencil every three or four hours, until a white, impervious coat is formed."—*St. Louis Clinique.*

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, August, 1891.

CAUSE OF THE INCREASE OF DIVORCE.

UNFORTUNATELY, there is nothing novel in saying that the increased and increasing ratio of divorces to marriages is alarming. Writers and speakers have rung the changes upon the sentiment until all are familiar with it. Also, there has not been wanting the usual variety of quack remedies,—cure-alls ready made and made to order,—urged upon the attention of the public for the abatement of the evil. These, always tinctured with the peculiar views of the proposer, and shaped in the mold of individual experience, do not admit of general application. Evidently graver causes exist than are reached by the accepted agencies for preserving the social and moral tone of the people. Too often, from a failure to recognize the fundamental cause of wedlock,—its *raison d'être*,—natural obligations are slighted or ignored, and that jangling discord is produced which always follows when the unlucky are out of harmony in the great symphony which pervades all nature. The sexual instinct is the aggressive and urgent motive to marriage. Indeed, nature offers and recognizes no other. Many other appropriate and refining ideas grow out of, attach themselves to, or are engrafted upon wedlock, but they are rather the rewards and sure consequences of domestic life when it is set in unison with the great harmony.

Ignorance of these principles underlies the dissatisfaction in married life, which ferments beneath placid exteriors, or violently sputters forth in divorce courts. The young must be instructed concerning a passion which may be unwelcome, but nevertheless is a necessity, and which imperiously obtrudes itself as a factor in states of mind and conditions of body, and upon the orderly management of which depends every interest of the family, of society, and of the State. It may be that our refinement is so far advanced that children do not learn about it in the domestic circle, in school, nor in church; but if so, we have reached a point of *over*-refinement, which is, in truth, a false refinement, and, hence, no refinement at all.

There should be a wider spread knowledge of the sexual relation, of its natural requirements, and the dependency of the most satisfactory conditions of both body and mind upon it; for, it is the key-note to all that gives to family ties and social order their coveted charms. More especially should the subject be included in the education of young women who look forward to married life, and whose vocation as wife and mother will be to preserve and transmit to the future the advances in civilization of the past and present. Certainly there has been much neglect in this respect, and an enlightened consideration of the subject is called for.

A small volume* entitled "The Daughter, Her Health, Education, and Wedlock," by Dr. William M. Capp, is full of suggestions in this direction, and will be welcomed by thoughtful parents and teachers of youth. It contains very much information of vital importance to daughters who wish to be qualified to act creditably and harmoniously the part nature assigns them in the great procession of life's passing events. So much of the peace and comfort of the individual and of families, so much of social order and the stability of the State depends upon the intelligent and satisfactory adjustment of the family relation, that it becomes the interest of every one to circumvent the practice of divorce as an abnormal deflection, by seeking out and removing its cause.

ON THE USE OF "QUIZ-COMPENDS."

"THERE is no royal road to learning," the preceptor assured his royal pupil. The statement is as true to-day as when first uttered, and as applicable to the field of medical education as to the domain of general culture. The

* Printed by F. A. Davis, Medical Publisher, Philadelphia, Pa.

chief value of education is the formation of habits of observation and reflection. Mere exercise of the memory, in and for itself considered, is of less importance. The intelligent scholar cannot go far in the acquisition of facts before he begins to perceive, more or less clearly, that these facts are bound together and their importance emphasized by a bond of relationship. Every fact—that is, every truth—has, doubtless, a worth of its own, but wisdom consists less in a knowledge of numerous facts than in a comprehension of their relations. No fact, in any sphere of study or experience, stands by itself, but is the result of preceding causes, and becomes a cause of succeeding effects. An incessant process of evolution has been at work since the beginning of time, and the physical, mental, and moral state of the universe to-day is the grand sum-total of the multifarious influences which have been in action since the universe of matter and mind had its beginning. Let us choose any study, and endeavor to master it; the more facts we acquire and the more profoundly we reflect upon the principles which bind those facts together, the more our mental scope becomes enlarged, the more our field of study becomes widened. The more hopeless, at the same time, do we find our efforts to exhaust the capabilities of apparently the narrowest specialty.

The mere acquisition of facts, howsoever numerous, howsoever important, is not education; and exercise of the memory, howsoever important, is not knowledge in the highest and best sense. If too much labor be devoted to training the memory, the underlying causes and connections of facts, the meaning or spirit of facts, as we may say, is apt to be lost sight of, at least comparatively, and the highest aim of education is lost. In any natural science the observation and record of facts is of importance, but is not enough to constitute a science. The chief aim of the devoted student is to discover the laws according to which phenomena appear.

In any liberal plan of study the memory and the reflective faculties are of mutual assistance. When principles of relation and order, when natural laws are recognized, the acquisition of facts is a pleasure rather than a burden or a labor, and every new fact learned or discovered appears in the light of a new revelation, fits into its appointed place in the general scheme, and is perceived so clearly that it cannot be forgotten. Reflection strengthens memory, wisdom enlightens knowledge. Conducted with especial reference to principles and relations, education becomes a pleasant intellectual exercise and not a toil.

An advantage possessed by the physical sciences is that much knowledge comes without conscious effort by the constant employment of the physical senses. While employed in heating, stirring, and mixing, the student learns much of physical and chemical properties and of chemical processes. The diligent practice of dissection indelibly fixes the main features of anatomy in the mind. In the histological and pathological laboratories the student imperceptibly acquires a knowledge of normal and morbid structures. Clinical service, ward-room classes, and bedside observation fix the mind upon the phenomena of disease.

In a well-arranged system of medical instruction frequent examinations are very useful, more particularly when conducted in a manner calculated to cause the student to reason rather than remember. Frequent recitations, consisting almost solely of questions and answers, are, no doubt, of value. The undergraduate, not unnaturally, looks forward with anxiety to the ordeal of his final examination. He must not, however, be allowed to forget that the object of his training is to qualify him as a practitioner of the healing art. Mere exercise of memory and the ability to give satisfactory replies to examination questions are by no means all that is needed. The exigencies of a physician's life are terribly practical, and credit in the class-room is not at all incompatible with failure to cope with the actual emergencies of daily practice. The student's mind must be fortified with a knowledge of the principles of his art.

There has arisen of late years a class of publications known as "quiz-compends," the design of which appears to be to assist the student in passing an examination. These books, in our opinion, belong to a vicious system, and contradict the principles of higher education. They do not teach the student to observe and reflect, but only to remember; their statements

are too condensed, too bald, and must be memorized in a routine manner which does not call into play the higher faculties of the mind. They tend, in fact, to discourage thought. In an exclusive reliance upon such aids the undergraduate is so busied in committing compendious auswers to memory that he loses sight of the underlying principles and pregnant relationships which serve as connecting links, which reveal the dependence of one fact upon another, and which really strengthen the memory far better than mere repetition. The man who relies upon quiz compends may succeed in passing his examination, but he is likely to have an ill-trained mind. The use of these books cannot lead to the formation of correct habits of study and thought. The graduate soon finds, perhaps to his surprise, that, though he has obtained his degree, he is but on the threshold of knowledge, and that the bald enumerations which seemed to serve a purpose during his college career prove but feeble props when he is confronted with the perplexing problems of disease.

CORRESPONDENCE.

"*MUCH ADO ABOUT NOTHING.*"

Quite recently, our esteemed neighbors in the City by the Sea have been favored with a sort of Binary Convention (two guilds operating on the public sympathy at once), of that pathy which knocks disease (or imagination, which, in most of their clients, is the same thing) endways by such fractional doses of tenuity refined as to evade either the microscope or the chemist's most delicate reagents. If there is anything in "Similia Similibus Curantur," then it is evident that borborygmi and allied states of wind must, for a time, at least, be aborted or abolished, if the vaporing discharged at these gatherings has any effect when directed at outsiders. It is putting it mildly to say that no concentration of wisdom has equalled the fervid utterances of this concatenation of all that is, in their opinions, wonderful in the art divine—that which seeks to cure mankind of the ills which so easily beset him!

Moreover, it is not the ills which he has that these philosophers are after, but those which never, under any possible circumstances, could, would, or should torment him, were the only scientific plan of pathies tried, as a public illustration of its wondrous virtues, in the army and navy of this grand country of ours; and be it known by the poor soldiers who hitherto have felt themselves tried enough, by proving themselves brave in the face of the dangers from Indians (not taxed), that they must now face the "provings" of many interesting articles of the affluent, not to say diffluent, materia medica of this horde of patriots, which has hitherto been so cruelly tabooed by the general government—they must now be taxed with the assimilation and the subsequent exhibition of "effects" of the gentle gonorrhœin, the placid chancroidin, the lovely catarrhin, and other equally interesting (to the pathists) curative agents; that is, the defenders of our flag must, if the government will let them,—which it won't, if it takes pattern after the effete monarchies of Europe, which have debarred these esteemed experimentalists from practicing, under any pretence, on the aforesaid soldiers in their realms.

Again, my hearers, it turned out that when the inner man was to be looked after at the festive board, these disciples of infinitesimalities dropped their theories for a time, long enough to get away with the utmost allopathic dosage of the things which cater to the appetites of doctors of all kinds and degrees. High dilutionists were nowhere in that convention—not much, they weren't! My, O, my! didn't the comestibles suffer! Elasticity is a great thing in theory, and don't you forget it.

Many years ago, an esteemed patient told the writer that he was going to make his son a homœopathic doctor, and for this: (1) He didn't have to know anything about medicine or disease; (2) it made no difference whether he gave the right or the wrong thing, nor did it matter what the potency was, be it high or low, and there was the added advantage that if the baby, in its hunt after candy, confiscated the sugar-plums, you needn't be rung up at night to give antidotes; (3) it being evident that the masses took no heed to probable consequences (if it was a member of the family that was sick, and not the horse or the dog), most people were carried away by fashion, and homœopathy was really getting to be quite fashionable in many circles, to say nothing of the money to be made by keeping the pellets and dilutions to yourself,—not even another practitioner of the pathy being able to tell what the stuff was, and, when a day or two passed, you couldn't tell yourself,—all of which made no difference to the patient; all of which was very interesting and logical indeed. (Don't tell what follows.) The youngster did "get there," and, from the deference paid him at more than one convention, he is, by all appearances, a big gun in the school of extract of moonlight and tincture of the darkness of ultimate space. But when any of our young doctor's little family gets under the weather he calls

on the writer of this, as his parents still do, for aid and comfort, and as he is, nevertheless, a good fellow all round, we are glad to do what we can for him and them; but they have to put up with the old-fashioned physic, "the new ideas being good enough for 'Hannah's man,'" as his good lady puts it, "but not nearly so for mine."

W. R. D. B.

MEDICAL NEWS AND MISCELLANY.

DR. E. B. GLEASON has removed to No. 41 South Nineteenth Street, Philadelphia.

THE American Society of Microscopists will meet at Washington, D. C., August 11th.

DR. GEORGE H. ROHE, a leading physician of Baltimore, recently paid a visit to this city.

A HOSPITAL will soon be opened for the accommodation of sick students in Vienna.—*Ex.*

FLOYD V. BROOKS, M.D., has removed to No. 465 Florida Avenue, N. W., Washington, D. C.

DR. BROADBENT has been re-elected physician to St. Mary's Hospital for a further term of five years.

THE Third Italian Chemico-Pharmaceutical Congress will be held in Venice on August 2d to the 7th.

THE Russian government is said to be contemplating the taking over of all the pharmacies in the empire.

DR. UCHERMANN, of Christiana, has been appointed Professor of Otology and Laryngology in the University of Christiana.

PROF. P. S. CONNER, of Cincinnati, was elected President of the American Academy of Medicine at its recent meeting in Washington, D. C.

SIR ANDREW CLARK, of London, said: "I worked twelve years for bread, twelve for butter, and twelve more for the luxuries of life."—*Ex.*

DR. N. SENN, of Milwaukee, is taking steps toward the formation of a permanent National Association of Surgeons of the National Guard. —*Ex.*

A JAPANESE Pharmacopœia will shortly be published. It is now under revision by the Central Sanitary Board of the Home Department.

DR. ERNEST HART, of the British Medical Journal, visited Japan in March, where he met with a cordial reception from the physicians of that country.

THE prohibition of the sale of tuberculin in Munich has now been made absolute. Druggists are forbidden to sell it even to medical men.—*Amer. Practitioner and News.*

CHICAGO is to have two new medical colleges. One is to be known as the Illinois School of Medicine, and the other the German College of Medicine and Obstetrics.—*Ex.*

"OH, Professor," exclaimed sentimental old Mrs. Fishwacker, during a private organ recital in her new music-room, "do pull out that sweet nux vomica stop once more!"—*Ex.*

DR. JAMES N. MARTIN has been appointed Professor of Obstetrics and Diseases of Women at the University of Michigan. He filled the chair since Professor Dunster's death.

THE Congress of American Physicians and Surgeons will be held at Washington, September 22 to 25, 1891. William Pepper, M.D., is Chairman of the Executive Committee.

HUGUIN calls attention to an early sign of whooping-cough, occurring during the catarrhal stage. This sign consists in photophobia, with dilatation of the pupils.—*Times and Register.*

A PAPER entitled "Some Remarks on Abdominal and Pelvic Surgery" was read by W. H. Wathen, M.D., of Louisville, at the recent meeting of the Kentucky State Medical Society.

DR. DANIEL MORTON has retired from the editorial management of the Medical Herald, St. Joseph, Mo., and is succeeded by Dr. Hiram Christopher, Professor of Chemistry in Ensworth Medical College.—*Ex.*

THE Rector Magnificus of the University of Buda-Pesth, Professor Schulek, has given two thousand florins toward the establishment of a hospital where poor students might be properly cared for in sickness.—*Times and Register.*

MISS ELAINE GOODALE, the well-known writer and Government Inspector of Indians in the Dakotas, was married, June 18th, in New York, to Dr. Alexander Eastman, an Indian of the Sioux tribe. Dr. Eastman is a graduate of Dartmouth College.

THE nineteenth annual meeting of the American Public Health Association of the United States of America, the Dominion of Canada, and the Republic of Mexico, will be held at Kansas City, Mo., on Tuesday, Wednesday, Thursday, and Friday, October 20, 21, 22, and 23, 1891.

DR. H. B. VAN VALZAH, one of the best-known physicians in Clearfield County, Pa., a brother of the late J. F. Van Valzah, of Tyrone, recently died at his home in Clearfield, of consumption, aged 42 years. Seventeen physicians have sprung from the original Robert Van Valzah, who settled in Union County in 1786.—*Ex.*

On June 14th a memorial bust of Ferdinand von Hebra, the famous dermatologist, was placed in the Arcade of the University of Vienna. Professor Kaposi, von Hebra's son-in-law and successor in the Chair of Skin Diseases at Vienna, delivered an address on the occasion.—*British Med. Journal.*

Here is an item of great importance from the Dixie Doctor: The fluid extract of saw palmetoberries—5 to 10 drops three times a day—has a special action upon the reproductive organs, tending to increase their activity, to promote their secreting faculty, *and add greatly to their size.*—*Kansas City Med. Index.*

Spain is determined not to be behind the age. A lady, Doña Concepcion Aleixandre, has recently been appointed to the staff of the Hospital de la Princesa, at Madrid. She is the first lady doctor who has succeeded in obtaining a public appointment in Spain.—*Brit. Med. Journal.*

By a recent ordinance of the Bavarian government patients in necessitous circumstances are granted a reduction of railway fare in going to or from hospitals or other public medical institutions. They are henceforth to be charged at the same rate as the special third-class fares allowed to soldiers.—*Brit. Med. Journal.*

The Humboldt Publishing Co., 19 Astor Place, New York, announces for issue July 6th a work entitled "Mental Suggestion," by Dr. J. Ochorowicz. The subject will be treated both historically and critically. It is an original treatise, by a perfectly competent observer and experimenter.

A distinguished physician in London delivered a lecture before a Ladies' Club, in which he intimated that persons predisposed to tubercular consumption should be prohibited by law from marrying. It is said that there was some commotion in the audience, and an audible protest, which the lecturer made the occasion for retiring.—*Times and Register.*

Opening of a Polyclinic in Lisbon.—A polyclinic, where poor patients can obtain medical advice gratuitously, has recently been established in Lisbon. The new institution owes its existence to the initiative of Dr. Antonio de Lencastre, with the co-operation of the professors of the Lisbon Medical School and some members of the staff of the San José Hospital.—*Br. Med. Journ.*

Dr. J. H. Murphy, of St. Paul, Minn., was elected president of the National Association of Railway Surgeons at the Buffalo meeting. No better man could have been elected for this honorable position; he has for many years been engaged in the special work of accidental or railway surgery, and is well and favorably known to the members of the profession throughout the nation.

Dr. George F. H. Nuttall, of San Francisco, a graduate of the University of Göttingen, has been appointed to the vacancy in the bacteriological and hygienic department at the Johns Hopkins Hospital, occasioned by the acceptance by Dr. Alexander C. Abbott of the directorship of the new hygienic institute of the University of Pennsylvania.

Dr. Winslow Anderson, Assistant to the Chair of Materia Medica and Medical Chemistry in the Medical Department of the University of California, and co-editor of the Pacific Medical Journal, who has been spending the past twelve months in Europe, has recently passed the M.R.C.S. examination in England. Dr. Anderson will remain abroad another year.

Three Cases of Lupus Vulgaris in One Family.—Dr. Dent (Brit. Journ. of Derm., May, 1891) describes 3 cases of lupus in a family which consisted of 8 girls and 3 boys, the patients being the youngest of the girls. There was no phthisical taint in the family. The three children for some years slept together in the same room, the two elder for a time in the same bed.—*Br. Med. Journal.*

The Climatologist, a monthly journal of medicine, devoted to the relation of climate, mineral springs, diet, preventive medicine, race, occupation, life-insurance, and sanitary science to disease, edited by John M. Keating, M.D., J. P. Crozer Griffith, M.D., and Charles F. Gardiner, M.D., with a number of distinguished associate editors, makes its appearance with August, 1891. The journal will be published by W. B. Saunders, 913 Walnut Street, Philadelphia, Pa.

Another Danger in the Profession—Charged with Kissing.—An Irish physician, says the Journal of the American Medical Association, was recently tried under the charge of attempting to kiss a young married woman while in his consulting-room. Five thousand dollars represented the amount claimed for damages. The woman's story proved to be exceedingly incredible, and there was little doubt of its being the creation of an hysterical mind. The jury promptly found a verdict for the physician.

German Scientific Gatherings.—The Association of German Alienists will meet this year at Weimar on September 18th and 19th. The following questions, among others, will be discussed: Responsibility and Criminality, Drunkenness in Relation to Responsibility, Prophylaxis of Tuberculosis in Lunatic Asylums, the Present Condition of the Aphasia Question, Therapeutic Employment of Hypnosis in Lunatic Asylums, Care of Epileptics. The German Dermatological Society will hold its second congress at Leipzig from September 17th to 19th.

We learn that Dr. Grant Bey, of Cairo, has been prosecuting an interesting research for the Smithsonian Institute, at Washington, which has resulted in his discovery that the ancient Egyptians of the earliest dynasties used a smokeless light, equal in intensity to our electric light, for lighting their temples, and for enabling them to execute the fine work in the interior of their dark tombs.

The Society of Science, Letters, and Art, of London, have awarded Dr. Grant Bey a medal for his scientific work, bearing a very pretty design on one side, and, on the reverse, his name, with the date, 1890.—*Egyptian Gazette; Times and Register.*

The following lines were doubtless written by a poet who had wrestled with the *Gonococcus Neisséri* and had come out second best:—

"Let strictures on my conduct pass,
Unnoticed let them be;
'Tis the stricture somewhere else, alas!
That is deplored by me."

—*N. Orl. Med. and Surg. Journal.*

Dr. E. R. Squibb was recently in Asia Minor, on his return trip homeward. From a letter by S. M. Burroughs, of Burroughs, Wellcome & Co., which appears in the British and Colonial Druggist, we take the following:—

"I had the pleasure of meeting Dr. Edward R. Squibb, of Brooklyn, and traveling with him from Jaffa to Jerusalem. You know he is the Grand Old Man of American Pharmacy, honored as the first by both physicians and chemists.

"He had visited the country forty years previously, when a surgeon in the American navy.

"Though about 70 years old, he maintains his full mental vigor; while, as for hill-climbing, we had to walk sharp to keep up with him ascending the last of the hills before Jerusalem, which is two thousand five hundred feet above the sea-level."—*Pharm. Record.*

A Famous "Subject."—The following is quoted from the address of Alexander Macalister, M.A., M.D., F.R.S., on the history of anatomy, in Cambridge (British Medical Journal, February 28, 1891):—

"During Collignon's professorship, a strange and gruesome incident occurred in the history of our school. Near the end of the Lent term of lectures, in 1768, the Professor invited two friends to see an interesting dissection, which he had prepared to illustrate his lecture for March 26th. The body was one which had been procured from a resurrectionist, who had brought it from town. The friends accompanied him to the room, and during the dissection one of them uncovered the face of the body and recognized it as that of Lawrence Sterne, whom he had known in his life-time. Poor 'Tristram Shandy' had died in an obscure lodging, and had been followed to his grave by two friends. His place of interment was St. George's Burial Place at Tyburn, a favorite spot for the operation of the resurrectionist, and it was disinterred probably that night, and brought to Cambridge and sold to Collignon. Malone records that he had the story directly from the lips of the gentleman who had recognized him, and at a later date it is recorded that the Rev. Thomas Greene stated that he had seen the skeleton of Sterne in Cambridge. What the ultimate fate of the poor satirist's bones has been I cannot discover. I am informed by Mr. J. W. Clark that the story was current when his father was appointed professor in 1817. I cannot identify any skull in the collection as that of the author of 'Tristram Shandy,' who, having so tragically ended his sentimental journey of life, returned after death to his old university. It is a strange coincidence, that, of the two great Irish satirists of that period, the skull of Swift should have temporarily sojourned on the shelves of the museum in Dublin, and that of Sterne in the collection of Cambridge."

"These, doctor," said Mrs. Ingénue, indicating a number of perspiring ladies more or less overburdened with flesh, "these, I suppose, are what, according to your vegetarian ideas, might be called carnivorous animals."

"Madam," replied the physician, gravely, "let us be exact and call them lardivorous."—*Pharmaceutical Era.*

"The Medicine She Died Of."—A curious revenge has been taken by a sorrowing widower upon a doctor in St. Petersburg. This man's wife was seriously ill, and was attended by the family physician, who, however, failed to do her any good. At last he prescribed an excessively powerful medicine, and told the husband he hoped that would cure her, but she died. Enraged at his loss, the husband attributed her death to this strong medicine, and to revenge himself he hung the prescription with the name of the physician upon the cross at her tomb, labelling it, "The medicine she died of." This the doctor has considered defamation of character, and has sued the husband, and the case is shortly to come off in the St. Petersburg law courts.—*Druggists' Circular.*

The Etiology of Acute Suppuration.—An interesting review of Steinhaus's exhaustive work on this subject closes with the following paragraph, which is of surgical interest:—

"That, so far as our present knowledge is to be relied upon, we are justified in believing that suppuration in the living tissues is the result of some certain chemical action, which may be combined with the presence of bacteria, or may be obtained from pure chemical substances without the presence of micro organisms."

Whether this is merely of theoretic interest or not, and that practically in clinical work all suppuration is due to microbes, is still a question unanswered. It is of especial interest in regard to cold abscesses, whose pathology is still unsettled. Steinhaus also claims to have demonstrated that the action of the same micro-organisms varies greatly in different animals, thus explaining many apparently contradictory experimental results.—*Boston Med. and Surg. Jour.; Am. Pract. and News.*

At the last meeting of the Faculty of the College of Physicians and Surgeons of St. Louis, Mo., Dr. W. K. Bauduy, having resigned his clinical work at the Missouri Medical College, was elected to the Chair of Mental and Nervous Diseases. Dr. Posert, who for some time has been maki g special study of experimental physiology abroad, was elected to the Chair of Physiology.—*St. Louis Clinique.*

The Part Played by Microbes in Suppuration.—In the course of a discussion at the recent French Congress of Surgery on the different forms of suppuration examined from bacteriological and clinical points of view, the following conclusions were laid down by M. Verneuil (Revue de Chirurgie, May): (1) microbes are necessary for pyogenesis; pus is the function of microbes; (2) there are many known pyogenic microbes, but the number of these has not yet been made out; (3) some are constantly pyogenic and nothing more; others seldom produce pus, and are pre-eminently infective; (4) the centres of suppuration are in some instances mono-microbic, in others poly-microbic; (5) in poly-microbic purulent centres there are three kinds of association—one of different agents that are all invariably pyogenic, another of invariable, with occasional agents of suppuration, and a third of pyogenic with non-pyogenic agents; (6) a purulent centre originally mono-microbic may become poly-microbic; (7) a substitution of one kind of microbe for another kind may take place in a centre of suppuration; (8) the collection of pus may become amicrobic, the pyogenic agent may disappear, and the pus becomes sterile; (9) microbes which engender pus pervade the whole region of suppuration; (10) pyogenic microbes do not always excite suppuration nor at the time of invasion; (11) the vitality of pyogenic microbes varies in the different forms—some disappear very quickly, others retain their vitality for almost indefinite periods; (12) suppuration may in every instance be regarded as due to the presence of bacteria; (13) the specificity of microbic agents being assumed, it becomes necessary to make out the specific action of each form of microbe. From these etiological conclusions one may readily deduce certain therapeutical indications: (1) In cases of open suppuration, as, for instance, unhealed wounds and carbuncle, the treatment should consist in prolonged antiseptic baths, and in the application of antiseptic powders; (2) if the suppuration be intra-dermic, as in lymphangitis and erysipelas, the application of antiseptic powders will suffice; (3) if the suppuration be deep-seated, one must penetrate into the collection in order to evacuate the pus and to sterilize it. Free incisions are useless; all that is necessary is to let out the pus through a small incision, and to replace it by a microbe-killing agent.—*Brit. Med. Journal.*

On the Complications of Mumps.—I have just had under treatment a girl, aged 15, who took mumps from a younger brother, and who, after having both parotids and both submaxillary glands swollen, especially the left parotid, developed partial paralysis of the left side of the face. The mouth was distinctly drawn to the right, the loss of power was very obvious in smiling, etc., and the left orbicularis did not contract quite so firmly as the other one. Tongue central. The attack was transitory, clearing up in about three weeks. One might have expected that facial paralysis would be a common symptom in mumps, owing to the intimate relations of the portio dura and the parotid gland. It seems, however, that it is of very rare occurrence; most of our text-books do not mention it at all, though Fagge and Eustace Smith and some others refer to it. In fact, the nerve appears to resist the extension of inflammation from the surrounding tissues, as nerve-trunks elsewhere so often do.

In looking into the literature of the subject, one finds abundant records of cases of orchitis and of ear affections complicating or following mumps, together with a certain proportion of cerebral affections; but, on the other hand, there is a great dearth in recent literature of instances of metastasis in the female to breast, ovary, vulva, or uterus. Any practitioner who should record a case of metastatic mastitis, ovaritis, vulvitis, or metritis, arising from mumps, would furnish material of great interest and value, especially in regard to the last three. The occurrence of parotitis after ovariotomy—*post et propter*—seems to be established.

John Benj. Hellier, M.D.,
Lecturer on Diseases of Women and Children,
Yorkshire College, Victoria University.

Professor Deroubaix.—On May 30th Professor Deroubaix, the eminent Belgian surgeon, was presented with his statue in bronze by his colleagues of the Faculty of Medicine of the University of Brussels, on the occasion of the fiftieth anniversary of his appointment to the chair of surgery in that seat of learning. The statue, which is the work of M. Vander Stappen, represents the professor in operating costume, standing, scalpel in hand, before a table, on

which lies a dissected arm. The taste, and even the appropriateness, of such a pose may strike some minds as a little doubtful, but the work is said to be an artistic masterpiece, and art, like charity, covers a multitude of sins. In addition to the statue, a superb case, containing a complete collection of the instruments invented by M. Deroubaix, was presented to him by his present pupils. From one of the speeches delivered on this occasion, we gather that M. Deroubaix was born in 1813, and studied at Louvain, where he took his doctor's degree, at the age of 23. He was appointed Extraordinary Professor of Anatomy in the University of Brussels in 1841, becoming Ordinary Professor four years later. Afterward he was appointed Chief Surgeon to the Hôpital St. Jean, where he has taught clinical surgery with distinguished success ever since. In 1862 he was elected Rector of the University, to which, by general acknowledgment, he has rendered most valuable service. The King of Belgium would have been glad to have conferred on him a title of nobility, but M. Deroubaix declined the honor on the ground that he did not wish "to be taken out of the class of society in which he was born." His Majesty, however, insisted on his accepting the distinction of Grand Officer of the Order of Leopold.—*British Med. Journal.*

THE Mississippi Valley Medical Association will hold its Seventeenth Annual Session at St. Louis, Wednesday, Thursday, and Friday, October 14, 15, and 16, 1891. Reduced rates and an excellent programme will bring out a large attendance. The medical profession is respectfully invited. The officers are as follow: C. H. Hughes, M.D., President, 500 N. Jefferson Avenue, St. Louis; E. S. McKee, M.D., Secretary, 57 W. Seventh St., Cincinnati, Ohio; I. N. Love, M.D., Chairman Committee of Arrangements, 501 N. Grand Avenue, St. Louis, Mo.

HEALTH IN MICHIGAN, JUNE, 1891.—Reports to the State Board of Health, Lansing, by observers in different parts of the State, show the diseases which caused most sickness in Michigan during the month of June (four weeks ending June 27), 1891, as follow: Rheumatism, neuralgia, bronchitis, influenza, consumption of lungs, tonsillitis, intermittent fever, diarrhœa, remittent fever, erysipelas, inflammation of kidney, pleuritis, measles, pneumonia, inflammation of bowels, cholera morbus, dysentery, cholera infantum, scarlet fever, puerperal fever, diphtheria, whooping-cough, typhoid fever (enteric), cerebro-spinal meningitis, typho-malarial fever, inflammation of brain, membranous croup.

VIRCHOW'S SEVENTIETH BIRTHDAY.—Several of the pupils and admirers of Rudolph Virchow have united in appealing to the medical profession of the United States and Canada for contributions to the fund which is being raised in Germany, England, and, it may be said, throughout the world, as a testimonial to be given to Professor Virchow on his seventieth birthday. The German committee proposes that the fund shall be used in procuring a large gold portrait medal, to be presented to Professor Virchow. Bronze replicas are to be given to each member of his family and to certain scientific institutions. The balance of the fund is to be transferred to Professor Virchow, to be devoted to such purposes as he may see fit. We take pleasure in calling attention to the circular now issued by the American committee:—

The medical profession of the world has the opportunity of showing its gratitude to Rudolph Virchow on his seventieth birthday, October 13, 1891. It may well be said that there is no branch of medical knowledge which has not been made more fruitful through his labors. We appeal, then, with confidence, to the physicians of our country, to send forth a tribute which shall represent worthily America's obligations. Contributions will be received by any one of the undersigned physicians:—

D. Hayes Agnew, Philadelphia; Gustav Baumgarten, St. Louis; William T. Belfield, Chicago; John S. Billings, Washington; H. C. Chapman, Philadelphia; Francis Delafield, New York; Wm. H. Draper, New York; Reginald H. Fitz, Boston; James E. Graham, Toronto; Abraham Jacobi, New York; Alfred L. Loomis, New York; William T. Lusk, New York; Henry M. Lyman, Chicago; William Osler, Baltimore; Wm. Pepper, Philadelphia; George Ross, Montreal; Nicholas Senn, Milwaukee; Fred. C. Shattuck, Boston; J. Collins Warren, Boston; Wm. H. Welch, Baltimore; James T. Whittaker, Cincinnati.

LEPROSY IN THE LEEWARD ISLANDS.—A petition praying for the compulsory segregation of lepers in the Leeward Islands was lately sent by the innabitants of St. Kitts and Nevis to the Governor, Sir W. F. Haynes-Smith, with the request that it might be forwarded to the Queen. It states that leprosy is "most prevalent in these islands, and that the number of persons afflicted with it is rapidly increasing." The petition is signed by eight medical men (including all the government medical officers, with two exceptions), by twelve ministers of religion, by the Inspector of Schools, and by nearly every merchant in St. Kitts.—*British Med. Journal.*

AN unusual case of suicide is reported. A woman, aged 39, the mother of seven children, was expecting to be again confined. On the night of June 4th, when in labor, she took the opportunity of the absence of the medical man, whom she had desired temporarily to leave the room, not to only cut her throat with the long

blade of a pocket-knife, but to inflict six stabs, four in the breast and the region of the breast, and two in the abdomen. The medical attendant was not called at the inquest, but the jury returned a verdict of suicide during a state of temporary insanity. There was evidence given of insanity in the family, but the woman apparently had not been frightened or alarmed at the expectation of the birth of another child.—Sheffield letter in *British Med. Journal*.

Dr. Randolph Winslow, Professor of Surgery in the Woman's Medical College of Baltimore, Md., has been elected to the Chair of Anatomy and Clinical Surgery in the University of Maryland, in which he was formerly Demonstrator. Dr. I. K. Trimble has been elected Professor of Anatomy in the Woman's Medical College, vice Professor Jay, transferred to the Chair of Practice of Surgery.

Dr. Richard Gundry, the able specialist on insanity and Superintendent of the Maryland Insane Asylum, died of Bright's disease on April 23. He was a native of England, and 60 years old. He took charge of the asylum here in 1878, having held similar positions previously in Ohio. He was also Professor of Materia Medica and Mental Diseases in the College of Physicians and Surgeons of Baltimore since 1882. He was an enlightened physician, a man of scholarly attainments and high professional standing.

At the annual meeting of the Association of Life-Insurance Medical Directors in New York, May 29th, the following officers were elected for the ensuing year: President, Dr. Frank Wells, John Hancock Mutual Life; Vice-presidents, Dr. G. W. Russell, Ætna Life, and Dr. L. McKnight, Northwestern Mutual Life; Secretary, Dr. E. J. Marsh, Mutual Life, New York; Treasurer, Dr. J. W. Brannan, Washington Life; Executive Committee, Drs. Henry Tuck, New York Life; G. S. Winston, Mutual Life; E. W. Lambert, Equitable Life; Edgar Holden, Mutual Benefit Life; and the president, secretary, and treasurer, *ex-officio*.—*Med. Examiner*.

The medical department of Tulane University was made, June 13th, the recipient of a generous donation from Mrs. Richardson, wife of that eminent physician and dean of the college, Dr. T. G. Richardson, of $100,000. The entire donation is intended to be used in erecting a new college on Canal Street, between Vilere and Robertson, the site for which was bought a few days ago for $35,000 by the Educational Board.

The faculty of the medical department of the university has selected Dr. Edmund Souchon, Professor of Anatomy and Clinical Surgery, as the representative of the faculty in the selection of the proper sort of building for the purpose intended. Dr. Souchon will leave in a few weeks for the North and East to examine various colleges to guide him in the selection of a building that will be best suited to the wants of the local institution.

At the Medico-Chirurgical College of Philadelphia, Prof. E. Laplace has been elected to the chair of Surgery; J. M. Anders, to that of Practice of Medicine; and E. E. Montgomery, to that of Obstetrics. Thus, each of the vacancies in the great didactic chairs has been filled by men already members of the faculty. Prof. Geo. E. Stubbs will probably resign the chair of Surgical Pathology, leaving only Prof. Gerhard to represent the faculty that created this college ten years ago.

Dr. Thomas Linn, who will be remembered as the Paris correspondent of the Philadelphia Medical Times, has issued a pamphlet upon the climate of Nice and the Riviera. In it he details the necessary precautions to be taken to obtain the most benefit from a sojourn at this charming resort. Dr. Linn has located at Nice, and this will be an additional incentive to Americans to winter there. We presume the booklet can be obtained on application to the author.—*Times and Register*.

At a public dinner in Edinburgh recently, a very amusing story was told of James Payn, the novelist. Mr. Payn, as is well known, is the editor of the Cornhill Magazine, and next door to his office a medical journal has, or had until recently, its sanctum. One day Mr. Payn's door was cautiously opened, and a pale-faced, long-haired gentleman entered.

"I have brought a little thing about sarcoma and carcinoma," said the visitor.

"Very sorry, sir," said Mr. Payn, politely, "but we have all the poetry we want."

"This isn't poetry," exclaimed the visitor; "it is an essay on two varieties of tumor!"

"Oh, I beg your pardon," said Payn, "I thought they were a pair of Italian lovers."

The long-haired man was a well-known medical professor, who had entered the wrong office. —*Tit-Bits*.

A Revolutionary Writer.—Mr. J. B. Bailey, Librarian of the Royal College of Surgeons of England, is publishing, by subscription, with Messrs. Percival & Co., of King Street, Covent Garden, a reprint of two rare medical pamphlets written by the revolutionist Marat during his residence in London. The pamphlets are about as rare as pamphlets can be, since only one copy of each is known to exist. The one is an "Essay on Gleets," in which an "effectual method of cure" is suggested. It was dedicated to the "Worshipful Company of Surgeons in London," and was published in 1775. The other, dated 1776, entitled "An Inquiry into the

Nature, Cause, and Cure of a Singular Disease of the Eyes, Hitherto Unknown, and yet Common, Produced by the Use of Certain Mercurial Preparations," was dedicated to the Royal Society.—*British Med. Journ.*

BET HE TOOK THE HINT.—*He*—"How chilly it is to-night. I could hug up to a stove, I feel so cold."

She—"Is that so? Why, I'm so warm I feel just like a stove."—*N. Y. News.*

AN EPIDEMIC OF FEAR.—We recently had occasion to comment on the disgraceful cowardice displayed by the people of Mull during an outbreak of typhus fever. A still more shameful example of the heartless selfishness engendered by fear now reaches us from France. In the village of Bouilladisse, near Marseilles, an epidemic of small-pox broke out not long ago, and though the disease seems to have been of mild type, since none of those attacked by it died, the presence of the scourge among them caused the greatest terror among the inhabitants. When the outbreak—thanks to the devotion of Dr. Dromart, the only medical man in the place—was subsiding, that gentleman himself fell a victim to the disease. Deserted by the other members of his family, M. Dromart was nursed by an uncle and two male attendants from Marseilles. The unfortunate sufferer and those who ministered to his wants were severely quarantined by the whole population of Bouilladisse, including the purveyors of food and other necessaries. Their bread and meat and even the water drawn for them from the well were placed on the pavement outside the door of the house. M. Dromart died and a grave-digger was with some difficulty procured from a village some distance off, but it was impossible to get four men to carry the coffin, which had to be taken to the cemetery on a cart. Two gendarmes assisted the grave-digger in lowering the coffin into the grave. Two men had followed the little procession to the cemetery at a respectful distance, and one of these lost his work in consequence, the people for whom he was working being afraid to let him come near their house. The body was carried straight to the grave without passing through the church, the curé saying he was sure he would have had no congregation that day (it was a festival) if it had done so. As it was, the good priest said the people would be afraid to make their confessions to him, as he had been with M. Dromart in his last moments. The cynic will be disposed to think that if fear, which is by some considered to be more fatal than the plague, had removed the whole adult population of Bouilladisse from this sublunary sphere the world would not have been the poorer for their loss.—*British Med. Journal.*

URTICARIA FOLLOWING MEASLES.—S. Rona has seen in children an eruption of urticaria appear three or four weeks after the commencement of measles, and last for seven or eight weeks, by successive crops. They were mostly on the limbs, and resembled Hebra's prurigo in a mild form.—*Pacific Record.*

PRACTICAL.—"Speakin' o' doctors," said old man Hensley, "the ones they turn out nowadays out o' these here medicle institoots ain't practicle. On'y things they learn is a lot of the'ries that they can't put to no earthly use; an' they goes on a-dopin' an' a-dosin' people 'ccording to what these yer books tells 'em; but they ain't practicle; no, sir. 'Member one fall, nine years ago, feller t'was workin' for Abe Hopkins took mighty sick all ov a sudden. Wa'n't no doctor 'ithin sixteen mile, 'cep'n old Doc Crantz, an' he was a vet'nary hoss doctor; but old Doc knew what it wuz, you betchu; said a hoss's dose for that there same sickness was four poun's, an' he figgered it a hoss weighed fifteen hundred an' this yer fellow weighed one-fifty, jes' one-tenth es heavy, you un'erstan'; an' so he gin 'im one-tenth uv a hoss's dose in proportion. Thet there's what I terminate applyin' yer the'ries. What's that? Oh! in 'bout an hour; but 'twant no ways likely es that killed 'im; he'd a prob'ly died anyway."—*Puck; Cleveland Med. Gaz.*

BOOK REVIEWS.

Insomnia and its Therapeutics. By A. W. MACFARLANE, M.D., Fellow of the Royal College of Physicians, Edinburgh; Fellow of the Royal Medical and Chirurgical Society of London; Examiner in Medical Jurisprudence in the University of Glasgow; Honorary Consulting Physician (late Physician) Kilmarnock Infirmary; formerly Examiner in Medicine and Clinical Medicine in the University of Glasgow, etc. (Reprinted from Wood's Medical and Surgical Monographs.) Octavo, 302 pages, muslin, $1.75. New York: William Wood & Company.

In the seventeen chapters comprising this book the subject of insomnia is well handled, and, on the whole, the methods advocated are to our mind reliable. The causation is thoroughly gone into, and the therapeutics suggested are singularly thorough, and are evidently well selected. The reference to electrical treatment is very much restricted, considering the well-known reliability of all three methods of applying this form of energy, and the good results to be had from its scientific employment. The book is well got up in its mechanical department, as all the productions of the publishers are.—W. R. D. B.

The Genuine Works of Hippocrates. Translated from the Greek, with a Preliminary Discourse and Annotations, by FRANCIS ADAMS, LL.D., Surgeon. Octavo, 766 pages, extra muslin, gilt top, price, $5.00. New York: William Wood & Company.

The distinguished author of this translation has succeeded in getting up a volume at once interesting and instructive to the student of medicine, and no well-appointed physician's library can be complete without this book. The amount of investigation and study involved in editing the work is very great, and the result is to give to the student an immense advantage over those who do not own it when he has this book to fall back upon, for it is not alone a curiosity in showing the evolution of ideas in medicine, but many of its aphorisms are peculiarly apposite and valuable to-day, as they were when first given to the medical world. The volume is unique in appearance, well printed, and will help to while away many an hour to the possessor of it.—W. R. D. B.

New Official Remedies. Containing all the drugs and preparations contained in the Addendum (1890) to the British Pharmacopœia, of 1885. With Pharmacological and Therapeutical Notes. Adapted for the use of Students and Practitioners. By RALPH STOCKMAN, M.D., F.R.C.P.E. Lecturer on Materia Medica and Therapeutics, School of Medicine, Edinburgh, etc. Percival & Co., King Street, Covent Garden, London, England, 1891.

Dr. Ralph Stockman, who has written this book, of much merit, is known now in all parts of the scientific world by his observations and writings upon pharmacology. He has been a frequent contributor upon this subject in the Journal of the British Medical Association, and his investigations have attracted much attention. In reviewing the new official remedies contained in the Addendum (1890) to the British Pharmacopœia of 1885, Dr. Stockman has been concise and clear in all his statements, and has written much of value upon the remedies named. In speaking of glucoside as saccharin, on page 21, a substance that has been too much lauded in recent literature, he says: "Saccharin can never replace sugar in our dietary, as it is not a food, and passes through the body unchanged. Wherever sugar is contra-indicated, as in diabetes and obesity, it may be used as a sweetening agent. Although it thus acts as a sweet-flavoring addition to the dietary, it can in no way satisfy the craving of the system for carbohydrates."

One of the strongest and best-written subjects in this book is referred to by Dr. Stockman on pages 39 to 46, known as antipyrin, or phenazone. The author prefers to call this drug by the latter term, as he wisely and justly states that the name antipyrin is a registered trade-mark in this country (we may add and in every other), and proprietary; hence it will be preferable in the future to use the term phenazone. We only wish all authors and writers would reason and recommend what Dr. Stockman has given in this work, for the good of the profession as well as humanity. The author has made in this connection a forcible argument which should be productive of much good. In speaking of the therapeutical uses of this drug, the author further adds some very good advice, giving much in a small space, as follows:—

"As an antiperiodic, phenazone (antipyrin) is of no value. It reduces temperature in malarial just as in other fevers, but it has no power to prevent the paroxysm. In acute rheumatism antipyrin has been said to have a specific action. It certainly controls the temperature and lessens the pain, but its action is inferior to that of the salicylates, and most probably is in no way specific. It has been largely used in influenza, coryza, tonsillitis, and similar diseases, where it greatly conduces to the patient's comfort by lowering the temperature and deadening the sensory nervous system. As an analgesic, phenazone is now very extensively used. It relieves pain chiefly by depressing sensory conduction in the cord. There is no narcosis, and the patient can go about as usual. If the dose be not too large there are no effects except the disappearance of pain."

This volume on new official remedies contains very many other valuable therapeutic hints, that will recompense all who may examine its pages.

Practical Treatise on Electricity in Gynæcology. By EGBERT H. GRANDIN, M.D., Chairman of Section on Obstetrics and Gynæcology, New York Academy of Medicine, etc; and JOSEPHUS H. GUNNING, M.D., Instructor in Electro-Therapeutics, New York Post-Graduate Medical School and Hospital, etc. Illustrated. New York: William Wood & Company. 1891.

The profession should welcome every new work upon electricity, and carefully examine the views advanced by its author. Electricity, as has been demonstrated again and again, is capable of accomplishing much in the various departments of medicine. It cannot always bring about the best and most favorable results. It assists nature, and often renders much service in cases of a chronic character. The author of this treatise has been a progressive worker in gynæcology, and has written much in the journals upon his observations of electricity. In the volume just published he has given much that has appeared from time to time in the various periodicals from his pen. He has here, however, arranged and classified his subjects in such a manner as to be easily and well under-

stood by even the beginner in this fertile field. The book is divided into six chapters, as follows: 1, General Considerations and Description of Apparatus; 2, Routine Uses of Electricity; 3, Electrolysis; 4, Static, Franklinic, or Frictional Electricity; 5, The Treatment of Malignant Growths by the Galvano-Cautery; and 6, Electricity in Obstetrics. Every chapter is interesting, and much can be gleaned by even glancing through the work in a casual manner. It reads well and contains very many useful suggestions. Chapter III, on Electrolysis, is perhaps the most attractive in the book. It contains the observations of Apostoli, Keith, Cutter, Gunning, Danim, and others upon the treatment of fibroid tumors, with the results, as tabulated by the author. All the writers alluded to use and recommend electrolysis for the disease named. The author, however, overlooks in his text the contrary views advanced by some very able gynæcologists. Keith, of Edinburgh, we believe, recently condemned the use of electricity in a contribution to one of the foreign periodicals. The text, however, in this work, is well written, and the subject ably handled by Dr. Grandin.

Practical Notes on Urinary Analysis. By WILLIAM B. CANFIELD, A.M., M.D., Chief of the Chest Clinic and Lecturer on Clinical Medicine. University of Maryland, etc. George S. Davis, Detroit Michigan, 1891.

This small volume is certainly very practical, the author showing all the methods of examining urine for the normal and abnormal constituents. Vogel's color scale is given, with many other good and useful illustrations.

The Post-Graduate Clinical Charts. Designed for use in hospitals and private practice. Arranged and published by WILLIAM C. BAILEY, M.D., and J. H. LINSLEY, M.D. For sale by Dr. Linsley, Director of Laboratories, New York Post-Graduate School, 226 East Twentieth Street, New York. Price, 20 cents per copy, $2 per dozen, or $15 per 100.

The authors here furnish a series of clinical charts that resident physicians of hospitals and practitioners can follow and use with much benefit to themselves and their patients. They are nicely bound, and can be retained for future reference with very great advantage to all who may use them.

A Natural Philosophy (the Principles and Practice of Every-Day Life). By G. P. QUACKENBOSS, LL.D. Pp. 455. 8-vo, cloth. American Book Company, New York, Cincinnati, Chicago, 1891.

This is an admirable work for the school, and, as its contents have been thoroughly revised and brought up to date in each department, its value is enhanced beyond the usual class of books used as text-books. The chapters on electricity, magnetism, and astronomy are unusually well handled, and the department of optics is also quite extensive. In printing and binding the volume is all that can be desired. Numerous illustrations explain the text.

Warner's Therapeutic Reference-Book.

This small, compact, but handy book comprises convenient notes for physicians upon the following subjects: Aids in Memorizing Doses; Treatment of Asphyxia; Time of Incubation of Eruptive Fevers; Digestibility of Foods; Pharmaceutical Formulæ; Medical Formul ; The Period of Gestation; Hypodermatic Medication; Incompatibles; Powders and Pills; Poisons and Antidotes; Posological Table; Prescription Writing; Weights and Measures. It includes, as will be seen, practical topics of much interest to physicians. The book is well bound, and of convenient size to be used in the coat-pocket.

Seventeenth Annual Report of the Secretary of the State Board of Health of the State of Michigan for the Fiscal Year ending June 30, 1889. Lansing, Mich.: Darius D. Thorp, printer and binder, 1890.

Dr. Henry Baker, who is well known as one of the foremost and best health officers in the country, has again produced a yearly volume of sanitary matters of much value. It contains a report of communicable diseases in Michigan for 1888, such as diphtheria, scarlet fever, typhoid fever, small-pox, measles, etc.,—of very great interest to all sanitarians and physicians. The tables on meteorological conditions are well arranged, and are evidences of much scientific work in this direction.

Her Playthings,—Men. A novel by MABEL ESMONDE CAHILL. New York: Worthington Co, 747 Broadway, 1891.

This narrative is so well written as to make it very interesting to the reader. The characters in the story are a little exaggerated by the authoress, but the expressions are so good as to cause one to be much occupied all through the pages of the book.

How to Magnetize; or Magnetism and Clairvoyance. A practical treatise on the choice, management, and capabilities of subjects, with instructions on the method of procedure. By JAMES VICTOR WILSON. New and Revised Edition. New York: Fowler and Wells Co., 775 Broadway.

This small pamphlet keeps one very much interested in reading the subject matter. It is one thing to write about magnetism, and another to put it into practice. The instructions appear to be well given, but the application will doubtless fail in the hands of the well informed.

CURRENT MEDICAL LITERATURE

State Board of Health Bulletin. Vol. iv. Tennessee, June 20, 1891. No. 11.

Abstract of Sanitary Reports. United States. Washington, D.C. Nos. 24, 25, 26, 27, 28.

University Medical College, Kansas City, Mo. Hudson-Kimberly Publishing Co., Kansas City.

Annual Announcement and Catalogue of the Baltimore Medical College, Howard Street, north of Madison.

Catalogue of the Albany Medical College, Medical Department of Union University. Sixtieth Session, 1890–91, and Announcement for session, 1891–92.

Additional Facts Regarding Correct Vocal Training. By Eugene L. Crutchfield, M.D., F.S.Sc. London, Member of the Clinical Society of Maryland.

Myotonia and Athetoid Spasm. Clinical Lecture delivered at the Philadelphia Hospital. By Charles K. Mills, M.D. Reprinted from International Clinics, April, 1891.

Proceedings of the Thirteenth Convention of the Empire State Association of Deaf-Mutes, held in the Chapel of the High School, Buffalo, New York, August 19, 20, 1890.

Climate of Washington and Financial Legislation in the State. Issued by the Washington State Board of Trade, Seattle, Washington, 1891. (Bulletins Nos. 3 and 4.)

Heartrest Sanatory, Mott Avenue and 165th Street. Address communications to Dr. John A. Cutter, Business Manager, The Ariston, Broadway and 55th Street, New York.

The Chair of Surgery in Rush Medical College. By N. Senn, M.D., PhD., of Chicago, Professor of Surgery in Rush Medical College; Attending Surgeon Presbyterian Hospital.

On the Dangers Arising from Syphilis in the Practice of Dentistry. By L. Duncan Bulkley, A.M., M.D., Attending Physician to the New York Skin and Cancer Hospital, etc.

Unilateral Ophthalmoplegia, Probably Dependent upon Thrombosis of the Cavernous Sinus with Associated Basic Meningitis. Reprinted from the Philadelphia Hospital Reports. Vol. i. 1890.

Abdominal Surgery at the Kensington Hospital for Women. By Charles P. Noble, M.D., surgeon in charge. Reprinted from the Transactions of the Philadelphia County Medical Society

Bacteriology and Preventive Medicine. By Stephen Smith Burt, A.M., M.D., Professor of Clinical Medicine and Physical Diagnosis, New York Post-Graduate Medical School and Hospital.

The Steps of the Cesarean Section: the Do's and the Don't's. By Howard A. Kelly, M.D. Reprinted from the American Journal of Obstetrics and Diseases of Women and Children. No. 5, 1891.

The Monthly Bulletin; a Record of Sanitary Progress, Public Health, and Mortality in Rhode Island. Prepared and published at the office of the State Board of Health, by the Secretary. No. 12, 1891.

Psorospermosis Follicularis Cutis. A Clinical Lecture, delivered at the New York Post-Graduate Medical School and Hospital, October 8, 1890. By L. Duncan Bulkley, A.M., M.D., Professor of Dermatology.

Professional Atmosphere and Morals; or Patents and Secrets *vs.* Liberal Profession. Address delivered before the New York Odontological Society, March 19, 1889, at New York Academy of Medicine. By Horatio C. Meriam, D.M.D. Reprinted 1889.

The Construction and Adaptation of Spectacle-Frames. By Charles Hermon Thomas, M.D., Fellow of the College of Physicians of Philadelphia; Member of the Medical Society of the State of Pennsylvania; formerly Surgeon to Philadelphia Hospital; Member of the Philadelphia County Medical Society, etc.

On the Use of the Oil of Eucalyptus Globulus, combined with other Antiseptics, in the Treatment of Scarlet Fever and all Infectious Diseases. By J. Brendon Curgenven, M.R.C.S., L.S.A., formerly House-Surgeon to the Royal Free Hospital; Honorary Secretary to the Harveian Society of London, the Infant Life Protection Society, etc.

Away with Koch's Lymph. By Nicholas Senn, M.D., Ph.D., Professor of Practice of Surgery and Clinical Surgery in Rush Medical College; Attending Surgeon Presbyterian Hospital. Being a paper read by special request before the Chicago Medical Society, May 18, 1891. Reprinted from the Chicago Medical Recorder, Chicago, June, 1891.

Report on the Sewerage System and Disposal of Sewage Matter, etc., of the Cities of Berlin, Dresden, Frankfurt-on-the-Main and Paris, made to Hon. Edwin H. Fitler, Mayor of the City of Philadelphia. By Peter D. Keyser, M.D., Member of the Board of Health of the Department of Public Safety, City of Philadelphia; Professor and Dean of the Faculty of the Medico-Chirurgical College.

COMMERCIAL NEWS.

IT IS A FACT THAT BUT ONE PAPER IN NINETEEN HAS FURNISHED SUCH A STRAIGHT-OUT STATEMENT OF ACTUAL ISSUES AS YOU HAVE.

GEO. P. ROWELL & Co.

NEW YORK, May 20, 1891.

SEASONABLE REMEDIES.

Among seasonable remedies which are supplied by Parke, Davis & Co., are the following:

Chloranodyne, which is an excellent antispasmodic and anodyne in diarrhœal disorders, gastric troubles, and intestinal colic. It combines the therapeutic virtues of morphine, cannabis Indica, chloroform, capsicum, hydrocyanic acid, alcohol, glycerin, and oil of peppermint. It is an improvement upon Chlorodyne, a patented preparation widely dispensed as an anodyne and antispasmodic.

Liquid Acid Phosphate, the action of which is to relieve symptoms of nervous exhaustion, depression, sleeplessness, melancholia, and increase the vitality. This action is so well recognized that the Acid Phosphate is in considerable demand as a stimulating beverage.

The ordinary dose of the Liquid Acid Phosphate is one-half to one fluidrachm, in a glass of water, sweetened or not, according to taste. With carbonic-acid water and any suitable syrup, it forms a refreshing and agreeable beverage. Lime-Juice and Pepsin is a grateful refrigerant and antiscorbutic. It is a prophylactic against many disorders prevalent in the summer months.

DIABETES INSIPIDUS.

℞ Ext. ergotæ fl., ... ʒj.
Kennedy's pinus Canadensis (dark), ... ʒj.
Ext. valerian. fl. . . . . ʒj.

M. Sig.: Teaspoonful three times a day.

V. R. PERKINS, M.D., Mercer, Me., says: "I have tried your Celerina to perfection, and find it one of the best articles I have ever used in my practice as a nerve tonic. I have used it in a very large number of cases of nervous headache, neuralgia, and in one case of paralysis where all other nerve tonics failed; also in hysteria I often use it with success, and also in all languid and debilitated conditions of the system. It works like a charm in dissipations of all sorts, and some of nerve-power arising from venereal diseases. Really I cannot do without it in my extensive practice. I have used it in ten cases of dyspepsia without fail. It also has no equal on persons who lead a sedentary life. It is quite safe to give to the oldest person, however weak, or the smallest child."

A COMPLETE LIBRARY.

If you want a complete library touching on every known subject—and who does not?—you should read with care the advertisement of The Henry G. Allen Company, on p. 12. The Encyclopedia Britannica stands to-day without a peer; to own it is to have control of the learning of the world! At the special price and terms offered our readers, it is placed within the reach of all desiring to possess a complete set.

SEVERE HEADACHE WITH TENDENCY TO CONGESTION OF THE BRAIN.

In cases of severe headache with tendency to congestion of the brain, consequent upon La Grippe, I used Peacock's Bromides very successfully, and shall continue its use, it being far more satisfactory in my hands than any other preparation in similar cases.—W. T. STROTHER, M.D., Port Crescent, Washington.

CHLORALAMID.

Dr. Charles E. Denhard, Member Academy of Medicine, Medico-Legal Society, New York Medical Union, Med. Chirurg. Society of German Physicians, etc., New York City, informs us that he has had most excellent results from 30-grain doses of Chloralamid in cases of painful menstruation in young women, where the administration of various opiates had to be excluded for fear of inducing habitual use of same. Dr. Denhard's suggestion has the merit of originality, and, we are glad to state, has been privately circulated and adopted by many physicians with family practice. It is a valuable recommendation for Chloralamid to know that a 30-grain dose, administered as the painful period approaches, will induce quiet slumber and furnish perfect relief before reawakening; it is also proof that Chloralamid is possessed of some analgesic action. Dr. Denhard reports, further, that he is using Chloralamid regularly in his practice wherever a hypnotic is indicated, and that he successfully applied it recently in an aggravated case of neurasthenia, affording patient, a young girl of 18 years, unwonted relief.

MESSRS. REED & CARNRICK, NEW YORK:—

Gentlemen: Two years ago I took diarrhœa and was treated for it by a number of physicians with only temporary relief. I received some of your Pancrobilin, and I am happy to inform you that one bottle was sufficient to do the work in my case. It *entirely cured me*, and I have not had a return of the trouble since. My weight was reduced from 175 to 140; have now regained my former health and weight. You are at liberty to publish the above over my signature. R. R. ANDERSON, M.D.

BEDFORD, O., June 3, 1891.